

BOROUGH



OF POOLE

ANNUAL REPORT

of the

Medical Officer of Health

*On the Health and Sanitary Circumstances
of the Borough and Port of Poole*

FOR THE YEAR

1949

GEORGE CHESNEY, M.D., D.P.H.

Medical Officer of Health of the Borough and Port of Poole

BOROUGH



OF POOLE

ANNUAL REPORT

of the

Medical Officer of Health

FOR THE YEAR

1949

GEORGE CHESNEY, M.D., D.P.H.

Medical Officer of Health

Public Health Department
Municipal Buildings
Poole

CONTENTS

	<i>Page</i>
Ambulance	23
Births	13
Clinics and Treatment Centres	24, 25
Deaths	12
Diphtheria	69
Factories and Workshops	44
Food	51
Health Visiting	23
History of Poole	16
Hospitals	69
Housing	47
Immunisation	26, 69
Infantile Mortality	14
Infectious Diseases	69
Laboratory Facilities	23
Maternity and Child Welfare	25
Meteorology	21
Midwifery	117
Meat Inspection	56
Milk	51
Physical Features	19
Poliomyelitis	71
Poole Bay	40
Sanitary Circumstances of the Borough	28
Sanitary Inspection	36
School Children, Medical Inspection, etc.	100
School Clinics	103
School Hygiene	114
Seaport	81
Social Conditions of Area	9
Tuberculosis	72
Vital Statistics	14
Water	28, 85



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b30057309>

PREFACE

Public Health Department,
Municipal Buildings,
Poole.

To His Worship the Mayor, Aldermen and Councillors of the Borough and County of the Town of Poole.

In accordance with my statutory duty I submit for your information and consideration my Report on the health and sanitary circumstances of the Borough and Port of Poole for the year 1949. It is prepared in accordance with the regulations of the Ministry of Health which prescribe the duties of the Medical Officer of Health. The form of presentation suggested in Circular 1728 of the 25th October, 1938, has been followed. The Report is divided into three parts :

PART I

- A. Statistics and Social Conditions of the Area.
- B. General Provision of Health Services for the Area.
- C. Sanitary Circumstances of the Area.
- D. Housing.
- E. Inspection and Supervision of Food.
- F. Prevalence of and Control over Infectious and Other Diseases.

PART II

The Health and Sanitary Circumstances of Poole Seaport.

PART III

The School Health Services in the Borough of Poole.

APPENDIX

Statistics of the Personal Health Services.

Generally speaking, the health of the Borough was satisfactory during the year 1949, though I have to record the occurrence of a high epidemic wave of measles, and, during the second half of the year, a comparatively high incidence of poliomyelitis. Throughout the country as a whole, and particularly in the south and south-west, poliomyelitis was unduly prevalent. In the 1947 epidemic, the main

weight of the attack fell on the Midlands, whereas in the 1949 outbreak, the southern half of the country was more heavily attacked. There were in 1949, 31 cases in Poole, with 2 deaths.

During the year, there were no deaths from diphtheria, scarlet fever, whooping cough, measles, infantile diarrhoea, puerperal sepsis, or the enteric group of fevers.

It is pleasing to report that in 1949 the infantile mortality rate for Poole fell to the lowest figure ever recorded. There were only 24 deaths of infants during the first year of life, the rate being 18.85 per 1,000 live births. I think it is fair to attribute in large measure this very favourable record to the patient work of the health visitors, whose duty it is to educate the mothers both ante-natally and post-natally in the care of the child. The rate of 18.85 in 1949 contrasts very sharply with the 192 deaths of infants per 1,000 born which was recorded for the year 1885, just 65 years ago. Reference may be made to the table on page 14, where the constant decline in infantile mortality is clearly shown.

National Health Service Act, 1946

By the end of 1949 this Act had been in operation for eighteen months and it is now possible to submit to critical review, with some degree of accuracy, the manner in which the Act is working out in practice.

It might have been better had the Act been called the National Sickness Act, as it is apparent to many Medical Officers of Health that the activities of the National Health Service Act, 1946 have been concentrated on the cure of disease while the preventive aspects of medicine have, by comparison, been neglected. Had a more appropriate proportion of the vast sums of money now being expended on the cure of disease, and the provision of dentures and spectacles, been directed into preventive channels, a marked improvement in the national health could have been anticipated in the course of a few years. As it is, the national purse has been opened wide with the object of curing many conditions which could be prevented, and the medical services of preventive importance, such as the priority dental service which deals with children and expectant mothers, have, through a false economy, been allowed to wither.

In this area it has been possible, although with difficulty, to maintain the priority dental service, but in many other parts of the country the financial attractions of the general dental service have led to the collapse of the dental schemes of the Local Authorities. The dental surgeons in local authority service who remain have done so, in many cases, from a sense of duty, as they do not want to see a specialized service, laboriously built up through the years, fall to pieces.

The Public Health Service, which for the past 100 years has been the pioneer in the promotion of positive health and the reduction of diseases due to preventable causes, has become the Cinderella of medicine. Proof of this is evident from the steadily diminishing number of young doctors who take the Diploma in Public Health, as the financial rewards of curative medicine are much more attractive. Fortunately, the general practitioner appreciates the advantages of a healthy community and can be regarded hopefully by the Public Health Service as a powerful ally in the fight to prevent disease.

I wish to take this opportunity of thanking the Chairman and members of the Public Health Committee for their kindness and consideration at all times, my fellow officers in other departments, and the staff of my department for their help and co-operation during the year. For their assistance in compiling the statistics in this report, my thanks are particularly due to Dr. J. A. Sinclair, Deputy Medical Officer of Health, who has prepared the section dealing with the School Health Service, and to the Senior Sanitary Inspector, Mr. R. Leggat, who has prepared in the main the sections dealing with Sanitary Circumstances, Housing and Food.

GEORGE CHESNEY,

Medical Officer of Health.

August, 1950.

COMMITTEES AND STAFF, 1949

PUBLIC HEALTH AND PORT HEALTH COMMITTEE

Chairman : Alderman D. A. HAYNES, J.P.

Vice-Chairman : Councillor F. V. CRAWSHAW

Aldermen :

S. D. BALLAM

J. BRIGHT, J.P.

Councillors :

F. BRASINGTON

W. H. COLE

Mrs. E. M. HICKINSON, J.P.

S. R. RUTTER

Miss M. M. LLEWELLIN, J.P.

C. M. NORMAN

J. W. RUSSELL, J.P.

Miss J. WHEATLEY

PUBLIC HEALTH DEPARTMENT

Medical Officer of Health
Port Medical Officer

} GEORGE CHESNEY, M.D., B.Ch., B.A.O., D.P.H.

Deputy Medical Officer
of Health and Deputy
Port Medical Officer

} JAMES A. SINCLAIR, M.B., Ch.B., D.P.H.

Senior Sanitary Inspector :

ROBERT LEGGAT, Cert. as S.I. and M.I.

Sanitary Inspectors :

C. A. TRIM, Cert. as S.I., and M.I.

J. POWER, Cert. as S.I. and M.I.

C. GLOVER, Cert. as S.I. and M.I.

G. H. WOODLANDS, A.M.I.S.E., Cert. as S.I. and M.I.

R. R. TUCKER, Cert. as S.I., and M.I.

Rodent Officer :

G. W. SKEGGS

Clerks :

Miss E. I. TAPPER
MICHAEL OLD

Mrs. M. FOWLER
Miss S. MACKAY

Public Analyst :

R. P. CHARLES, M.D., F.R.I.C. Died 2.8.49.

A. S. CARLOS, B.Sc., F.R.I.C., F.C.S.

Veterinary Surgeon :

Lt.Col. J. S. KINGSTON, M.B.E., M.R.C.V.S.

PART I

SECTION A

GENERAL STATISTICS

(1) Area of Borough. 15,641 acres, not including 2,220 acres of tidal waters and foreshore.

(2) Population	(a) As at Census, 1931	...	...	57,211
	(b) As estimated by Registrar-General at 30th June, 1949	...	...	81,130
	(c) National Registration, 1939	...	...	77,954

(3) Total number of Inhabited Houses (from Rate Book)				
	As at December, 1945	...	...	21,490
	As at December, 1946	...	...	21,542
	As at December, 1947	...	...	22,340
	As at December, 1948	...	...	22,839
	As at December, 1949	...	...	23,458

(4) Rateable Value at 1st April, 1949	...	...	£659,939
Sum represented by a Penny Rate	...	...	£2,612

SOCIAL CONDITIONS AND UNEMPLOYMENT

For recent years the condition of the labour market has been as shown below :—

Year	Average of Unemployment	Unemployment as at December
1944	71	100
1945	69	299
1946	246	342
1947	360	430
1948	498	685
1949	495	540

SUMMARY OF VITAL STATISTICS FOR THE YEAR 1949

As supplied by the Registrar General

				Total	Male	Female
Live Births						
Total registered	...	...	...	1273	672	601
Legitimate ...	...	...	...	1211	632	579
Illegitimate...	...	...	...	62	40	22
Stillbirths						
Total registered	...	...	...	22	13	9
Legitimate ...	...	...	...	18	11	7
Illegitimate	...	...	...	4	2	2
Deaths						
Total registered	...	...	...	1004	474	530
Maternal Mortality ...						
Deaths from puerperal causes :						
Puerperal sepsis	...	...	...	Nil.	—	Nil.
Other puerperal causes	...	...	...	1	—	1
Total	...	...	...	1	—	1
Deaths from Special Causes						
Cancer	...	...	...	159	72	87
Whooping Cough	...	...	...	Nil.	Nil.	Nil.
Measles	...	...	...	Nil.	Nil.	Nil.
Scarlet Fever	...	...	...	Nil.	Nil.	Nil.
Diphtheria	...	...	...	Nil.	Nil.	Nil.
Enteritis (under 2 years of age)	...	...	...	Nil.	Nil.	Nil.
Infant Mortality						
Deaths of infants under 1 year of age :						
Total registered	...	...	...	24	14	10
Legitimate	...	...	...	20	10	10
Illegitimate	...	...	...	4	4	Nil.

	Comparative Statistics (Where available)	
	Poole	England & Wales
Birth Rate per 1,000 estimated resident population, mid-1948	15.69	16.70
Stillbirth Rate per 1,000 population ...	0.27	0.39
Death Rate per 1,000 estimated average population	12.38	11.70
Maternal Mortality Rate per 1,000 total (live and still) births		
Puerperal sepsis	Nil.	0.11
Other causes	0.77	0.71
Abortion with sepsis	Nil.	0.11
Abortion without sepsis	Nil.	0.05
Death Rate of Infants under 1 year of age		
All infants per 1,000 live births ...	18.85	33.0
Legitimate infants per 1,000 legitimate live births	16.51	—
Illegitimate infants per 1,000 illegitimate live births	64.51	—
Death Rates per 1,000 estimated average population		
Tuberculosis—pulmonary ...	0.29	} 0.45
non-pulmonary ...	0.07	
Cancer	1.96	—
Measles	Nil.	—
Diphtheria	Nil.	0.00
Enteritis (under 2 years) per 1,000 live births	Nil.	3.0

CAUSES OF DEATH DURING THE YEAR 1949

(Supplied by the Registrar General)

Causes of Death				M.	F.	Total
1.	Typhoid & Paratyphoid Fevers	...	...	—	—	—
2.	Cerebro-Spinal Fever	...	...	—	2	2
3.	Scarlet Fever	...	...	—	—	—
4.	Whooping Cough	...	...	—	—	—
5.	Diphtheria	...	...	—	—	—
6.	Tuberculosis of Respiratory System	...	...	13	11	24
7.	Other forms of Tuberculosis	...	...	1	5	6
8.	Syphilitic Diseases	...	...	4	—	4
9.	Influenza	...	...	—	3	3
10.	Measles	...	...	—	—	—
11.	Acute Poliomyelitis and Polioencephalitis	...	...	—	2	2
12.	Acute Infectious Encephalitis	...	...	—	1	1
13.	(M) Cancer of Buccal Cavity & Oesophagus	...	...	9	—	9
	(F) Cancer of Uterus	...	...	—	10	10
14.	Cancer of the Stomach and Duodenum	...	...	12	12	24
15.	Cancer of Breast	...	...	—	21	21
16.	Cancer of all other sites	...	...	51	44	95
17.	Diabetes	...	...	1	5	6
18.	Intra-Cranial Vascular Lesions	...	...	57	85	142
19.	Heart Disease	...	...	175	180	355
20.	Other Diseases of the Circulatory System	...	...	19	22	41
21.	Bronchitis	...	...	15	10	25
22.	Pneumonia	...	...	9	13	22
23.	Other Respiratory Diseases	...	...	11	7	18
24.	Ulcer of the Stomach or Duodenum	...	...	11	1	12
25.	Diarrhoea (under 2 years)	...	...	—	—	—
26.	Appendicitis	...	...	2	—	2
27.	Other Digestive Diseases	...	...	7	10	17
28.	Nephritis	...	...	11	9	20
29.	Puerperal and Post-Abortive Sepsis	...	...	—	—	—
30.	Other Maternal Causes	...	...	—	1	1
31.	Premature Births	...	...	9	1	10
32.	Congenital Malformations	...	...	4	9	13
33.	Suicide	...	...	5	5	10
34.	Road Traffic Accidents	...	...	6	2	8
35.	Other Violent Causes	...	...	8	9	17
36.	All other Causes	...	...	34	50	84
TOTAL				474	530	1004

Birth-rates, Civilian Death-rates, Analysis of Mortality, Maternal Mortality and Case-rates for Certain Infectious Diseases in the Year 1949. Registrar General's Provisional figures based on Quarterly Returns.

	England and Wales	126 County Borough and Great Towns (including London)	148 Smaller Towns (Resi- dent Population 25,000-50,000 at 1931 Census)	London Admin. County
Births	Rates per 1,000 Civilian Population			
Live births	16.7(a)	18.7	18.0	18.5
Still births	0.39(a)	0.47	0.40	0.37
Deaths				
All Causes	11.7(a)	12.5	11.6	12.2
Typhoid and paratyphoid	0.00	0.00	0.00	0.00
Whooping cough...	0.01	0.02	0.01	0.01
Diphtheria	0.00	0.00	0.00	0.00
Tuberculosis	0.45	0.52	0.42	0.52
Influenza	0.15	0.15	0.14	0.11
Smallpox	0.00	0.00	—	—
Acute poliomyelitis and polioencephalitis ...	0.01	0.02	0.02	0.01
Pneumonia	0.51	0.56	0.49	0.59
Notifications (corrected)				
Typhoid fever	0.01	0.01	0.01	0.01
Paratyphoid fever ...	0.01	0.02	0.01	0.01
Cerebro-spinal fever ...	0.02	0.03	0.02	0.02
Scarlet fever	1.63	1.72	1.83	1.46
Whooping cough...	2.39	2.44	2.39	1.70
Diphtheria	0.04	0.05	0.04	0.07
Erysipelas	0.19	0.20	0.19	0.17
Smallpox	0.00	0.00	0.00	0.00
Measles	8.95	8.91	9.18	8.54
Pneumonia	0.80	0.91	0.65	0.55
Acute poliomyelitis ...	0.13	0.13	0.12	0.18
Acute polioencephalitis ...	0.01	0.01	0.02	0.01
Food poisoning	0.14	0.16	0.14	0.19
Deaths	Rates per 1,000 Live Births			
All causes under 1 year of age	32(b)	37	30	29
Enteritis and diarrhoea under 2 years of age ...	3.0	3.8	2.4	1.7
Notifications (Corrected)	Rates per 1,000 Total (Live and Still) Births			
Puerperal fever and pyrexia	6.31	8.14	5.30	6.82

Maternal Mortality in England and Wales

International List No. and cause	Rates per 1,000 Total (Live and Still) Births	Rates per million women aged 15-44
140. Abortion with sepsis ...	0.11	8
141. Abortion without sepsis ...	0.05	4
147. Puerperal infections ...	0.11	—
142-146, 148-150. Other mater- nal causes	0.71	—

(a)—Rates per 1,000 total population.

(b)—Per 1,000 related live births.

VITAL STATISTICS — POOLE — 1861 to 1949

Year	Population	Infantile Mortality*	Birth Rate†	Death Rate†	* per 1,000 Births. † per 1,000 of Population.		
1861	+ 9759				‡ Census.		
1871	+ 10097				§ Parishes of St. James, Longfleet, Parkstone, Hamworthy.		
1881	+ 12156				|| Borough enlarged by the addition of Branksome Urban District.		
1891	+ 15403	78	27.8	14.1	L Borough enlarged by the addition of Canford Magna Parish.		
1892	+ 15887	171	29.3	20.7	Marriage Rate †	Cancer Death Rate †	Pulmonary Tuberc. Death Rate†
1893	+ 16275	165	28.2	17.8			
1894	+ 16662	91	32.2	13.7			
1895	+ 17050	126	29.5	15.1			
1896	+ 17438	116	31.5	14.9			
1897	+ 17826	123	28.6	15.5			
1898	+ 18214	145	28.5	15.3			
1899	+ 18602	163	27.3	17.4			
1900	+ 18991	131	27.7	15.3			
1901	+ 19461	93	27.4	13.9			
1902	+ 20095	110	26.7	16.4			
1903	+ 20500	135	27.0	16.1			
1904	+ 21142	109	27.1	17.0			
1905	+ 21804	113	26.7	15.7			
1906	+ 32086	118	30.0	15.1	15.9	—	—
1907	+ 32518	76	27.5	13.1	16.8	—	—
1908	+ 33217	87	26.6	13.8	16.8	—	—
1909	+ 33524	89	27.8	13.9	15.0	—	—
1910	+ 34168	82	26.0	12.7	15.4	—	—
1911	+ 38886	126	24.0	14.0	14.1	—	—
1912	+ 40386	88	22.7	10.9	14.6	—	—
1913	+ 41066	82	22.1	11.0	14.2	—	—
1914	+ 41880	77	21.0	11.3	13.6	—	—
1915	+ 42800	93	18.7	13.2	18.6	—	—
1916	+ 42331	76	19.8	13.7	15.6	—	—
1917	+ 42335	91	16.2	13.0	14.5	—	—
1918	+ 43829	84	15.5	14.8	16.3	—	—
1919	+ 41100	62	18.7	12.8	21.0	—	—
1920	+ 43400	75	23.6	10.8	22.0	1.2	0.9
1921	+ 43649	73.6	21.8	11.9	16.7	1.2	0.96
1922	+ 43250	79.7	19.5	14.1	16.3	1.4	1.3
1923	+ 43860	60	19.3	11.9	17.6	1.62	1.02
1924	+ 45150	66.3	18.0	11.6	17.3	1.13	0.91
1925	+ 46150	71.7	18.1	11.7	16.7	1.60	0.71
1926	+ 49150	53.4	17.5	11.25	16.3	1.62	0.94
1927	+ 51030	58.1	17.5	12.3	16.0	1.45	0.71
1928	+ 52940	50.2	17.3	11.92	15.1	1.42	0.61
1929	+ 53870	46.3	16.8	13.16	16.8	1.50	0.56
1930	+ 56150	57.6	16.7	12.39	15.4	1.87	0.85
1931	+ 57211	43.2	15.85	12.49	16.5	1.81	0.84
1932	+ 58230	55.2	15.8	11.70	15.1	1.58	0.65
1933	L 63510	46.4	16.0	11.71	16.1	1.50	0.61
1934	+ 64380	40.5	15.4	11.48	16.2	1.96	0.50
1935	+ 65600	45.5	15.1	11.7	16.8	1.84	0.79
1936	+ 66820	51.2	16.8	12.1	16.9	1.89	0.55
1937	+ 67990	45.6	15.4	12.1	16.9	1.63	0.39
1938	+ 68860	50.0	14.9	11.49	16.9	1.77	0.46
1939	+ 69890	40.2	14.6	11.41	22.9	1.73	0.51
1940	+ 72820	51.8	14.0	13.1	20.1	2.02	0.51
1941	+ 69960	53.5	15.0	13.5	19.0	2.0	0.51
1942	+ 69940	47.0	17.6	13.5	18.7	1.8	0.56
1943	+ 68200	37.0	17.0	14.1	15.8	2.1	0.44
1944	+ 67810	36.9	19.9	13.06	14.8	1.97	0.54
1945	+ 69880	53.6	18.1	12.9	21.1	2.23	0.43
1946	+ 76330	36.1	19.6	12.26	18.41	1.52	0.59
1947	+ 78720	22.2	21.2	12.4	19.2	1.96	0.46
1948	+ 80480	30.17	16.4	11.12	19.1	1.69	0.41
1949	+ 81130	18.85	15.69	12.38	17.1	1.96	0.29
England & Wales							
1949	42,939,000	32.0	16.7	11.7	N.A.	N.A.	N.A.

COMMENTS ON THE VITAL STATISTICS

Deaths

The crude death rate has fluctuated between a maximum of 20.7 per 1,000 population in 1892 and a minimum of 10.8 per 1,000 in 1920. In 1949 it was 12.38 per 1,000 population, but by applying the Registrar General's Comparability Factor for Poole of 0.82, it is found that the standardised death rate for Poole for 1949 was 10.15.

(The Comparability Factor for each district is worked out by the Registrar General, the aim being to even out differences in the age and sex distribution of the population of the various districts. The use of this Factor enables us to obtain standardised death rates which are more fairly comparable and more accurate than the crude death rates).

Birth Rate

The birth rate in 1940 had fallen to 14 per 1,000 population, the lowest figure ever recorded in Poole, (The rate forty years earlier was 27.7).

In 1947 it had risen to 21.2, this post-war rise corresponding to the rise in 1920 to 23.6 following the 1914-1918 war. There was a fall to 16.4 in 1948, and again in 1949 a further fall to 15.69 is recorded.

In 1949 the live births exceeded the number of deaths by 269.

Infantile Mortality

The all-time low level record of 18.85 deaths of infants under one year per 1,000 live births was attained in 1949. This compares very favourably with the rate of 32 for England and Wales. In 1899, just fifty years ago, of 1,000 children born 163 died before reaching the age of one year. In 1949 only 18.85 died, almost a nine-fold reduction. This surely is eloquent testimony to the value of preventive medicine.

A BRIEF SURVEY OF THE HISTORY OF POOLE

I am indebted and grateful to H. P. Smith Esq., M.B.E., J.P., B.A., F.C.P., Borough Historian, for the following historical outline of the Borough.

From the far-off days of the Old Stone Age right down to the present Atomic Age, Man has been inhabiting some corner or other of the territory which we know today as Greater Poole, a modern and progressive town with a population of 82,000 and an area of nearly 25 square miles.

Palaeoliths of the St. Acheul type have been found in the plateau gravels of Canford Cliffs and Branksome Park, while the dark-long-headed Neolithic herdsman have left still more plentiful traces of their occupation of our Poole soil. Over a score of "round barrows" — two of which on the Council's new housing estate at Wallis Down were excavated by the Office of Works in the summer of 1949 — testify to the sturdy round-headed men of the Bronze Age. Systematic excavation carried out by the writer and his scholars of the South Road Boys' School during the years 1926-32 has proved the existence at Hamworthy of an Early Iron Age (Belgic) village, which was subsequently occupied by the Romans about the middle of the first century. The settlement developed into an important Roman Station, and is to be identified with the MORIONIO (or MORICONIUM) of the Ravennas geographer. The terminus of an important Roman road which branched south from the VIA ICENIANA near Badbury Rings, it was utilised by the Romans as a station whereby communication with the interior could be maintained. The whole of the Early Iron Age and Romano-British finds from Hamworthy, together with photographs, diagrams and models, are now on view in the Mount Street Museum. Thus in Roman times this spacious land-locked harbour, the largest natural harbour in the world, first entered into its own as a centre of commerce and an entrepot of trade.

It was the deep-water strait between the present Poole and Ham quays which first attracted the Belgic and Roman settlement on the Hamworthy side, the site being roughly marked by the new Electric Generating Station which is now being constructed on the adjacent mudlands. Later on Old Poole was founded on a little peninsula on the Canford side of this same deep-water strait, which all through the subsequent centuries has been a considerable source of trade and prosperity to the neighbourhood.

In Saxon days the chief port on the harbour was Wareham, a town of great importance among the West Saxons and a favourite residence of their kings. There were certainly Saxon settlements, however, at Canford on the Stour and at Hamworthy, although only Wareham is mentioned in the Anglo-Saxon Chronicle. During the period of the Danish inroads the cry of "The Danes!" frequently spread terror

through the peaceful Dorset countryside, and Wareham, Canford, Wimborne and Hamworthy all suffered. The year 877 is memorable in our country's annals for King Alfred's great victory over the Danish fleet in Swanage Bay. He attacked them as they "sailed west about" from Wareham, and "assisted by a great mist at sea" drove 120 vessels ashore.

Domesday Book (1086) makes no mention of Poole, although Canford is fully described, and there is a brief reference to Hamworthy. During the first half of the 12th century, however, there came a startling change, and the young, sturdy township of Poole took its rise, most probably at the expense of Wareham, whose stout earthen walls and castle rendered it a bone of contention between whatever rival forces chanced to be in the neighbourhood. Maybe this consideration and the fact that the harbour was silting up near the mouth of the Frome, induced some of the traders and shipping folk of Wareham to seek a new home, to wit the lagoon-encircled peninsula on which the Old Town now stands (i.e. the "Poole within the present level-crossings"). It was first necessary, of course, to secure the sanction of the Lord of Canford Manor, but he, rest assured, would be glad to have a convenient seaport within his domain. Thus it was that the deep reach of Holes Bay, known to both Celt and Saxon as "the pool" (Welsh, PWLL; Saxon, POL) gave its name in Norman days to the port and borough of LA POLE, destined to be from the 13th century onwards the principal port on the harbour.

About the year 1180 a small church, late-Norman in style, was built as a chapel-of-ease to the mother church at Canford. Progress was now sharp and sustained. Poole is mentioned in 1224 in a list of the chief seaports of the country, and by the year 1248 the enterprising burgesses had purchased from William Longespee, the crusading Lord of Canford Manor, their first Charter of Liberties, whereby they won, among other privileges, the right to have a voice in the election of their head-officer, or Port Reeve, and to have their courts held in Poole instead of at Canford. A century later the Port Reeve assumed the French title of Mayor, but the duties of the Mayor of the 14th century were no different from those of the Port Reeve of the 13th, so that we may justly claim that the office dates back to the Longespee Charter of 1248.

The town sent 4 ships and 94 mariners to the memorable Siege of Calais in the days of Edward III, and in the latter years of this king's reign it was well-nigh burnt to the ground by the French, under their famous admiral, John de Vienne. In 1405 Poole again suffered at the hands of a combined Spanish and French force, specially fitted out by Charles VI of France and Henrique III of Castile, to exact revenge for the alarming depredations of that famous Poole corsair and king's admiral, Arripaye (or Harry Page) who on one occasion brought home to Poole no less than 120 prizes, all taken on the coast of Bretagne.

In 1364 the "mayor and barons of Winchelsea" issued a certificate to their "most dear friends and allies the mayor and burgesses of the town of Poole", confirming the limits of their admiralty jurisdiction. The text of this document is still read by the Mayor, as "Admiral of the Port", during the picturesque summer ceremony of the "beating of the bounds". By Letters Patent granted in 1433 by King Henry VI, Poole was raised to the dignity of a Port of the Staple, and 20 years later this monarch gave the burgesses the right to hold a market on Thursdays and two fairs annually. The greatest of all royal favours was the charter granted by Queen Elizabeth in 1568, whereby Poole was created "one entire county, corporated in deed and name, and distinct and altogether separate from the County of Dorset", with its own Lord-Lieutenant, Sheriff and Recorder and a separate Commission of the Peace.

In such cockle-shells as the "Flying Harry", the "Primrose" and the "Gift of God", Poole seamen did yeoman service in the Channel when the Spanish Armada threatened the liberties of Englishmen, and we read of Poole vessels going to the "New founde Land" fisheries within a hundred years of the discovery of that island by the Cabots. The halycon days of the trade (which developed into one of barter) were the 18th and early 19th centuries, when some hundred Poole ships — schooners, brigs and brigantines — set sail annually in the Spring, laden with supplies for the Newfoundland fisherfolk, returning in the Autumn with cargoes of salt-fish and train-oil.

Mediaeval Poole was never completely walled, the adjacent waters and mudlands themselves affording a good measure of protection. Of the 15th century dyke, wall and embattled gate, which guarded the landward approach to the town, nothing but the name "Towngate Street" now remains to mark the site. A fragment of the seaward fortifications may be seen near Thames Street. A block-house built in Henry VIII's reign at the east end of Brownsea gave further protection, and the land defences were considerably strengthened during the Great Civil War, when Poole was the principal Roundhead stronghold in Dorset.

As a hot-bed of smuggling during the 18th and early 19th centuries Poole was notorious. The desperate attack on Poole Custom-house, however, in 1747, was perpetrated by Sussex and not Poole smugglers. In the early years of the War with Revolutionary France, when, owing to the very real threat of invasion, the Militia was permanently embodied, as many as 4,000 soldiers, under the command of General Garth, were billeted in Poole, and the townsfolk knew all the bustle and martial activity of a garrison town.

Poole first returned members to Parliament in the reign of Edward III, and until the Reform Act of 1867 it retained two representatives. In 1885 it was merged in the East Dorset Division, but again

became a Parliamentary Borough in 1948. By the Municipal Corporations Act of 1835, Hamworthy, Longfleet and Parkstone became an integral part of the borough, and the important Branksome amalgamation took place in 1905. In 1933 the boundaries were further widened so as to include the whole of the civil parish of Canford (with Broadstone).

The present Church of St. James, opened for divine worship in 1820, stands on the site of the earlier structure whose "handsome tower with a cupola" was noted by the attacking Spaniard in 1405. In mediaeval days the Fraternity of St. George was an important organisation in the town, and became possessed of considerable property, including the Almshouses of St. George in Church Street.

During the recent World War, Poole men and women worthily played their part, and many fresh names have been added to our Roll of Heroes. Hundreds of bombs were dropped within the borough borders, but the town miraculously escaped the fate of its south coast neighbours, Portsmouth, Southampton, Exeter and Plymouth. We remember, too, with pride that it was from Poole Harbour that a large contingent of British and American troops set out on "D-Day" for the Normandy coast in landing-craft, some of which had been built in Poole shipyards. Soon after the outbreak of war in September, 1939, Imperial Airways — now British Overseas Airways Corporation — transferred for reasons of security its flying boat operations to Poole, which became the only marine terminal in Britain for passenger services, covering practically the whole world. When in March, 1948, the Airways Corporation moved its terminal back to Southampton, it was estimated that 2,194 aircraft and over 50,000 passengers had arrived at Poole Harbour.

PHYSICAL FEATURES

The following description of the physical features of the Borough is reproduced from the Annual Report of the Medical Officer of Health, Poole, for the year 1938.

The Borough of Poole occupies the extreme south-east corner of the County of Dorset, and is the largest Town in the County. The Town and the area within a radius of 10 miles contain nearly half of the total population of the County of approximately 240,000.

The plateau of Parkstone and Branksome behind the older parishes of Poole, Longfleet and Hamworthy, rises sharply at Constitution Hill and Newtown in the West, and continues East to Canford Cliffs, Branksome Park and the Eastern boundary of the Borough, which is also the County Boundary between Dorset and Hampshire.

To the northward of the plateau, the ground slopes gradually to river level at the Stour. In this latter watershed, however, is found the highest portion of the Borough, viz., Broadstone and the eastern end of the Corfe Hills.

As to geological formation, the parish of St. James is situated in alluvium; that of Hamworthy on valley gravel, Bagshot beds and plateau gravel. Sandbanks is of blown sand. In Parkstone and Branksome the geological stratum is mainly the Bagshot beds of sand, brick-earth, pipe-clay, and lignite, with many pockets of plateau gravel. The Reading beds, lying below the above-mentioned strata, separate them from the chalk, which, although it comes to the surface to north-west of the town, at Coombe Alner, does not outcrop within the Borough.

The extensive enclosed waters of the Harbour, sheltered themselves by the Purbeck Hills, exert a controlling influence on the temperature, rendering the surrounding areas cool in summer and tempering the cold in winter. Hence the Town escapes many of the damp sea mists to which the coast line is subject.

The dependability of its general climatic conditions is now being more fully recognised, and the Town is rapidly increasing in popularity as an all-the-year round Health Resort, especially by people who have spent many years in tropical or sub-tropical countries.

An abundance of pine woods serves to maintain and to enhance the value of an equable climate, and to give the district a high claim as a recuperative centre for those liable to Bronchitis and Asthma.

The quite exceptional rate of development which has been a marked feature of the last ten years also unfortunately brings with it the threat of diminution of the pine-clad areas. It should therefore be the desire and the practice of every owner of ground in the Borough—and the Corporation itself is a land-owner—to see that no tree be sacrificed where this can reasonably be avoided, knowing that the Town will be for ever the poorer. The Hills and the Harbour may be said to defy time; but if Poole will maintain its pride, it must preserve its pines.

It is interesting to record that only about thirty years ago the first blades of rice grass (*Spartina Townsendii*), which now covers some square miles of the Harbour, were found there. As a natural shore-binder this grass is of considerable value, and is being elsewhere used as an assistant in reclaiming low-lying foreshore land. A cliff-binder also has been brought to the assistance of work against coast-erosion, in the form of the "kaffir-fig" or *Mesembryanthemum*, which grows rapidly into a matted defence against the attrition of the wind.

The River Stour, mentioned above, for over five miles of its winding course eastwards forms the northern boundary of the Town. In this course, it collects minor watercourses, chief of which is a tributary stream rising at Dunyeats Hill, flowing through the village of Canford Magna, and entering the Stour in the direction of Hampreston.

METEOROLOGY

A general survey of the meteorological records for 1949 shows that the weather was above the standard usually experienced in this part of the country. The summer months were exceptionally dry, warm and sunny.

Sunshine

1949 was a year of abundant sunshine, justifying the title of the Sunny South, the total hours in Poole being 2048, a figure far above the average. The months of April, May, June, July and August had a total of 1310 hours. July was outstanding with almost 300 hours, the daily average being $9\frac{1}{2}$ hours of sunshine. December was comparatively sunless with only 59.4 hours, a daily average of only 1.9 hours. The longest period of sunshine was on July 3rd, when there were 15 hours.

Rainfall

The total rainfall for the year was 26.12 inches. In the first eight months of the year the rainfall was low, but rainfall in September, October and November was heavy by comparison. October was the wettest month with 7.23 inches and July was the driest with 0.39 inches. The heaviest rainfall was recorded on September 20th, being 1.895 inches.

Temperature

The summer and winter range of temperature was 17° , the average maximum being 61° and the average minimum being 44° . July was the warmest month with an average maximum temperature of 76°F. and average minimum temperature of 53°F. June, August and September were also warm months. On three days Poole was the warmest place in England; on June 27th it was 88° , on June 28th 90° and on July 24th 87° . The coldest month was March with an average maximum temperature of 51°F. and an average minimum temperature of 35°F. The lowest temperature was on December 12th and 13th when 26° were recorded.

I am indebted to the Borough Meteorological Observer (Mr. Michael S. Jukes) for the following table of meteorological data:—

	Average Max.Temp.	Average Min.Temp.	Rainfall	Sunshine
January	50	36	.67	85.2
February	52	35	1.33	129.6
March	51	35	1.39	124.4
April	59	43	1.72	222.1
May	63	46	1.39	276.5
June	71	51	.43	277.2
July	76	53	.39	294.2
August	75	54	1.11	241.8
September	73	53	4.33	127.9
October	63	49	7.23	125.2
November	52	40	4.18	84.5
December	50	38	1.67	59.4

SECTION B

GENERAL PROVISION OF HEALTH SERVICES

Public Health Laboratories

The Medical Research Council of the Ministry of Health directs the Public Health Laboratory Service. One of the constituent laboratories is located at the Municipal Buildings, Poole, under the direction of the bacteriologist, Dr. G. J. G. King. This laboratory serves the area covered by Bournemouth, Poole, Christchurch, West Hants and East Dorset. During the year 1949, a total of 5714 specimens from Poole were examined.

The laboratory undertakes the examination of specimens for the diagnosis of cases or suspected carriers of any infectious disease. It also undertakes for public health authorities the bacteriological examination of drinking and swimming-bath water and of milk, ice-cream and other foodstuffs as distributed to the public.

The bacteriologist and the medical officer of health work together as an epidemiological team in the investigation of outbreaks of infectious disease in the area.

Ambulance Services

On the 5th July, 1948, the ambulance services of the Borough were transferred under section 27 of the National Health Service Act to the Local Health Authority — Dorset County Council. No radical change in the operation of the service was made. The Poole Section of the Ambulance Service is located at Burlea Towers, 55 Parkstone Road, Poole (telephone Poole 294), and a day and night service is maintained. Owing to the increased demand on the service during the year the staff was increased to one supervisor, one deputy supervisor and eleven driver-attendants. The staff are all experienced drivers and qualified in first-aid. Four first line ambulances, two second line ambulances and two sitting cars were in operation at the end of the year. In the Appendix is given a summary of the calls, cases and mileage from the 1st January to the 31st December, 1949.

Home Nursing

The home nursing services in the Borough were taken over (on the 5th July, 1948) by the Dorset County Nursing Association in their capacity as agents for the Dorset County Council in maintaining a Home Nursing Service. The Poole District Nursing Association ceased to exist as a separate entity, and the staff were merged with the Dorset County Nursing Association. The headquarters of the Home Nursing Service in Poole are at 464 Ashley Road, Parkstone (telephone Parkstone 1948).

The following districts of Poole are covered by the Home Nursing Service :

Old Town, Hamworthy, Longfleet, Oakdale, Broadstone, Upper Parkstone, Central Parkstone, Lilliput, Sandbanks, Branksome and Canford Cliffs.

A total of 39,281 visits was paid during 1949, and the number of individual cases attended was 1,504.

Clinics and Treatment Centres

(a) School Clinics

67 Market Street, Old Town	}	Daily 9-10 during school sessions
The Clinic, Shillito Road, Parkstone		
Hamworthy School, Blandford Road	}	Tuesdays, and Fridays 9-10 during school sessions
Broadstone Women's Institute		Thursdays 9.30 during school sessions
Henry Harbin School		Thursdays 9-10 during school sessions.
Kemp Welch School		Monday and Fridays 9-10 during school sessions

(b) Ante-Natal Clinics

67 Market Street, Old Town	Monday, 2 p.m.	}	By Appointment
The Clinic, Shillito Road, Parkstone	Fridays, 10.0 a.m.		

(c) Post-Natal Clinics

67 Market Street, Old Town	Tuesdays fortnightly 11 a.m.	}	By appointment
The Clinic, Shillito Road, P'stone	Tuesdays fortnightly, 11 a.m.		

(d) Contraception Clinic

Burlea Towers, Parkstone Road,	Monday, 10 a.m.	By appointment.
--------------------------------	-----------------	-----------------

(d) Infant Welfare Centres

The Clinic, Shillito Road, Parkstone	Tuesday and Friday, 2 p.m.
*67 Market Street, Old Town	Wednesday, 10.30 a.m.
*Church Hall, Creekmoor	2nd Tuesday (monthly) 2 p.m.
*Methodist Church Hall, Wallisdown	4th Thursday (monthly) 2 p.m.
*Methodist Schoolroom, Broadstone	2nd Thursday (monthly) 2 p.m.
*Newtown Evangelical Hall, Ringwood Road	1st and 3rd Thursdays (monthly) 2 p.m.
*Village Hall, Canford Cliffs	4th Tuesday (monthly) 2 p.m.
*St. George's Hall, Oakdale	1st and 3rd Tuesdays (monthly) 2 p.m.
*Hamworthy School	2nd and 4th Wednesdays (monthly) 2 p.m.
*Longfleet Congregational Church Hall	1st and 3rd Wednesdays (monthly) 2 p.m.
*Church of Good Shepherd, Rosmore	2nd and 4th Thursdays (monthly) 2 p.m.
*St. Peter's Hall, Parkstone	2nd and 4th Mondays (monthly) 2 p.m.

(e) Diphtheria Immunisation

The Clinic, Shillito Road, Parkstone	2nd and 4th Wednesdays (monthly) 2 p.m.
--------------------------------------	---

and at the Child Welfare Clinics marked * above

- (f) **Orthopaedic Clinic**
67 Market Street, Old Town Four Sessions Weekly
- (g) **Ophthalmic Clinic**
Torvaine, St. Peter's Road,
Parkstone Three sessions weekly
- (h) **Orthoptic Clinic**
Torvaine, St. Peter's Road,
Parkstone Four Sessions Weekly
- (i) **Speech Therapy Clinic**
Torvaine, St. Peter's Road,
Parkstone Friday, 10 a.m.

Hospitals

Poole General Hospital, Longfleet Road,	Medical, surgical and children's beds	152
	Maternity beds	21
Alderney Infectious Diseases Hospital, Ringwood Road	Infectious disease beds ...	80
St. Mary's Hospital, St. Mary's Road	Medical beds	105
Parkstone Sanatorium, Castle Hill	Tuberculosis beds (female patients)	31

MATERNITY AND CHILD WELFARE SERVICES

Organisation

These services were transferred to the Dorset County Council, the Local Health Authority, on the 5th July, 1948, the Medical Officer of Health remaining in administrative charge as Poole Area Medical Officer. He is assisted by the Deputy and an Assistant County Medical Officer. The Nursing Services are under the general supervision of the County Nursing Superintendent, assisted by the Superintendent Health Visitor, Poole.

Ante-natal Clinics

Ante-natal Clinics are held weekly at both Old Town and Branksome Clinics for the benefit of expectant mothers under the care of domiciliary midwives.

Post-natal Clinics

Post-natal Clinics are held fortnightly at both Old Town and Branksome Clinics.

Maternal Mortality

There was one maternal death in the Borough during 1949.

Infantile Mortality

There were 1273 live births in the Borough in 1949 and 24 deaths of infants under a year, giving an infantile mortality rate of 18.85, the lowest rate ever attained in Poole. The rate for the country as a whole was 32.

Hospital Accommodation for Maternity Cases

Poole General Hospital has 21 maternity beds, a number far below that required for the population served in Poole and East Dorset. Cases in which, for social reasons, confinement cannot take place at home are referred to the Bed Service Bureau of the Hospital Management Committee for allocation of maternity beds. Cases in which there are medical reasons for a hospital confinement are referred to the General Hospital.

Diphtheria Immunization

An effort is made to ensure that all children are immunized against diphtheria before reaching the age of one year. The Local Health Authority is responsible for this service and details of the number of children immunized during the year are given in the Appendix.

Domestic Help

A Home Help Service was begun in Poole in 1945. This service became the responsibility of the Dorset County Council on the 5th July, 1948.

Day Nurseries

There is one Day Nursery in the Borough providing accommodation for 50 children between the ages of 2 and 5. Admission is limited as far as practicable to the children of widowed, single, separated or divorced women, who must work to support their children. This service is now the responsibility of the Local Health Authority, Dorset County Council.

National Society for the Prevention of Cruelty to Children

The N.S.P.C.C. has a full-time Inspector for the Poole and East Dorset area. The Health Department has always found the Society's Inspector very ready to co-operate in cases of medical neglect, and most helpful in following up such cases, and in dealing with difficult and careless parents.

The Report of the Inspector of the cases dealt with by the N.S.P.C.C. during 1949 in Poole is as follows :—

Cases:	Neglect	...	...	85	Children concerned	246
„	Ill-treatment	...	...	8	„	15
„	Advice Sought	...	...	43	„	83
„	Assault	...	...	1	„	1
				<hr/>		<hr/>
				<i>Total</i>		345
				<hr/>		<hr/>

In one case of neglect the father was prosecuted and convicted. The children concerned were brought before the Juvenile Court in need of care or protection. They were committed to the care of the Dorset County Council.

Nursing Homes

In 1927 the supervision of Nursing Homes was delegated by the Dorset Country Council to the Poole Council. In 1949 this delegation was cancelled and the Dorset County Council resumed its duties in respect of Nursing Homes. At the end of 1949 there were on the register ten Nursing Homes.

SECTION C

SANITARY CIRCUMSTANCES OF THE AREA

WATER SUPPLY

There are four systems of water supply in the Borough:—

Poole Waterworks Undertaking. This serves over 90 per cent of the population.

Bournemouth Water Undertaking. This serves the parts of the Borough adjoining Bournemouth and Wimborne, and supplies between 6,000 and 7,000 people.

The Canford School Supply. This private system supplies about 600 people in Canford Magna.

Private Supplies. Spring or well supplies in the outlying rural areas of the Borough.

Some notes on these four systems are given below:—

(a) PUBLIC WATER SUPPLIES

Poole Waterworks Undertaking

HISTORICAL NOTES ON THE POOLE CORPORATION WATERWORKS

The following notes on the history of the Poole Water Undertaking have been supplied by the Waterworks Engineer and Manager, Mr. Richard S. Rendle, M.Inst.C.E., A.M.I.Mech.E. to whom my grateful acknowledgements are due:—

From very early days the inhabitants of Poole obtained their water from numerous wells sunk into the sands and gravels of the subsoil, and the old pump, dated 1810, near the Quay adjoining the Old Town Cellars, and the old pump which until recently stood in Bowling Green Alley were Public Pumps used to obtain drinking water.

A conduit bringing water to the town from Tatnam, then outside the borough, seems to have been in existence in 1497, and a grant authorising the Mayor, citizens and inhabitants to erect a conduit head there "on the King's waste ground" was made in 1542, the town to pay the King, his heirs and successors "one pepper corn if it be asked for".

About 1859 when measures to promote public health services such as water supply and sewerage were becoming insistent, the Poole Waterworks Company was formed to supply Poole with piped water, the preamble of the Act authorising this to be done commencing as follows :—

"Whereas the present supply of water to the Borough of Poole and places adjacent thereto is insufficient for the wants of the Inhabitants thereof and it is expedient to increase and improve such supply, and for such purposes to make and maintain the Works hereinafter mentioned; and whereas the Parties hereinafter named and others are willing at their own expense to make and maintain such Works etc."

This Company with a share capital of £12,000 provided a piped supply by collecting water from springs at Constitution Hill and Foxholes, conveying it to the high ground at Longfleet, now known as Green Park, where it was filtered by the old fashioned slow sand filters.

By 1893 these sources were inadequate, notwithstanding that, as was the custom of these times, the water was turned on into the mains only for short periods of the day to fill consumers' cisterns; and further Parliamentary powers were obtained to extend the area of supply to include what is now Broadstone, and to build pumping stations at Waterloo to use the water from Hatch Pond, and at Lilliput on a catchment area which is the Parkstone Golf course.

Filter beds were constructed at Springfield Road, whilst Water Towers at Broadstone and Mansfield Road were also erected.

These new sources were only able to cope with accelerating demands until 1906, by which time the supply had got so unsatisfactory that the Corporation deemed it to be their duty to take over the supply of water. Due to the increasing pollution of the two main sources at Waterloo and Lilliput, it was also decided to abandon them, and to make a new well at Corfe Mullen.

This well sunk 170 feet into the chalk with galleries of 435 feet in length has since then been the only source, but this in its turn is now becoming insufficient to satisfy the rapidly growing consumption caused by new houses and additional industry.

Service reservoirs were constructed at Forest Hills, Lytchett and Constitution Hill, and the yield obtained from the Corfe Mullen well increased by the provision of steam pumping plant and the construction of the Corfe Hill Reservoir.

For a number of years the Corporation had wished to soften the fairly hard chalk water and in 1939 it was found possible to place a contract for plant, to soften and filter the water. This plant has reduced the hardness and the colour of the water has been improved immensely, which greatly reduces the housewife's washing problems.

The present area of supply contains most of the Borough of Poole, and the Parishes of Corfe Mullen and Lytchett Minster. Approximately 75,000 persons are supplied, the maximum consumption for one day having reached $3\frac{1}{2}$ million gallons.

The Corporation are alive to the requirements of the future and have obtained powers to sink a further well at Sturminster Marshall so that the inhabitants shall always, as far as possible, receive a "pure and wholesome supply of water" — sufficient for their needs.

The main water supply for the district is provided by the Poole Corporation Waterworks. The supply is obtained from a well 170 feet deep in the Upper Chalk at Corfe Mullen near Poole. The water is hard, but is softened by a modern "cold lime" process, then rapid filtered and finally chloraminated to give residuals of chlorine throughout the area of supply. The quantity of water during the year has been ample for all purposes and the water supplied has maintained a high and consistent standard of purity.

During the year 132 samples of the treated water were taken from consumers' taps by the Sanitary Inspectors for bacteriological examination at the Public Health Laboratory, Poole, and on all occasions the water was reported as "Class I" (Ministry of Health Report No. 71 (1939) Classification). In addition, 121 samples taken by the Waterworks' Chemist during the same period were without exception within the standard of "Class I". Four complete chemical analyses made during the year by the Public Analyst were reported

as satisfactory. A copy of one of these analyses is given below. Throughout the year a daily check of residual chlorine was made at all points of the area of supply and in the control of the treatment plant, samples were taken by the Waterworks Department every 6 hours.

During 1949, 46 bacteriological examinations of the raw water were made in the Waterworks Laboratory — of these :

15 samples were within Class I

12	"	"	"	"	II
9	"	"	"	"	III
10	"	"	"	"	IV

B.Coli, Type I, was demonstrated in 17 of the above samples. The maximum number of coliform bacteria was in the neighbourhood of 170 per 100 ml, and invariably followed abnormal rainfall.

As the water is derived from the upper chalk, it has no plumbosolvent action.

Within the area of supply in the Borough all houses are supplied direct and none by means of standpipes. 4,353 yards of main were laid during the year and the amount of water supplied was 879.2 million gallons.

Certificate of Analysis

of a sample of water from the Poole Corporation Waterworks on the 16th December, 1949.

I hereby certify that I have examined the above mentioned sample with the following results :

Chemical Analysis (Results expressed in parts per 100,000)

Ammonia, free	...	...	...	...	0.0046
„ albuminoid	...	...	...	...	0.0072
Oxygen absorbed at 80°F. in 15 min.	...	...	...	...	0.0083
Oxygen absorbed at 80°F. in 4 hours	...	...	...	...	0.0282
Nitrites	...	...	...	...	Nil.
Nitrates (as Nitric Nitrogen)	...	...	...	...	0.60
Chlorine	...	...	...	...	2.00
„ (as Sodium Chloride)	...	...	...	...	3.29
Hardness, Temporary as CaCO ₃	...	...	...	...	10.00
„ Permanent	...	...	...	...	3.50
„ Total	...	...	...	...	13.50
Total Solid Matter, dried at 180°C	...	...	...	...	25.50
Free Chlorine	...	...	...	...	Nil.
Free Carbon Dioxide	...	...	...	...	slight trace
pH value	...	...	...	...	7.3
Metals	...	...	...	...	slight trace of Iron
Colour	...	...	...	...	Colourless & Clear
Odour	...	...	...	...	None

Bacteriological Examination

Total Organisms, grown on Agar Agar							
at 37°C. in 48 hours	...	...	...	...	...	...	2 per c.c.
Coliform organisms grown at 37°C. in 48 hours, per							
100 c.c.	...	...	...	...	...	...	None

Remarks

The above results indicate that this water is satisfactory both chemically and bacteriologically and is eminently suitable as a Public Supply for both drinking and domestic purposes.

(Signed) ARTHUR S. CARLOS, B.Sc. (Lond.), F.R.I.C.,
Public Analyst.

Bournemouth Water Undertaking

On the eastern and northern boundaries of the Borough about 2,000 houses are within the supply area of the Bournemouth Water Undertaking. In 1949, 36 samples of this supply were taken by the Sanitary Inspectors for bacteriological examination at the Public Health Laboratory, Poole, and all were found to be of the standard of Class I.

The supply was ample throughout the year. A copy of a recent chemical analysis of this water is given below :—

Certificate of Analysis

of a sample of water received on the 12th December, 1949 from Bournemouth Water Undertaking, Labelled Standpipe, St. Stephen's Road, Bournemouth, 12th December, 1949.

Chemical Results in parts per million

Appearance — Bright with very few mineral particles.

Turbidity (Silica Scale)

	Less than	5			
Colour (Hazen)	Less than	10	Odour		Nil
Reaction pH	...	7.6	Free Carbon Dioxide	...	6
Electric Conductivity at 20°	395		Total Solids dried at 180°C.		265
Chlorine in Chlorides	...	19	Alkalinity as Calcium Car-		
			bonate	...	170
Hardness : Total	...	205			
Carbonate (Temporary)		170			
Non-carbonate (Perma-					
nent)	...	35			
Nitrogen in Nitrates	...	2.6			
Nitrogen in Nitrites approx-					
imately	...	0.01			

Free Ammonia	...	...	0.000	Oxygen absorbed in 4 hours at 27°C.	...	...	...	0.60
Albuminoid Ammonia	...	...	0.016	Residual Chlorine	...	...	Absent	
Metals Iron	Less than	...	0.03	Other metals	absent			

Bacteriological Results

(Sampling bottles are treated to remove residual chlorine if present)

Number of Colonies developing on Agar.		(1 day at 37°C.) 2 per ml.	(2 days at 37°C.) 3 per ml.	(3 days at 20°C.) 2 per ml.
		Present in	Absent from	Probable number
Presumptive Coli- aerogenes Reaction	...	— ml.	100 ml.	0 per 100 ml.
Bact. Coli. (Type I)	...	— ml.	100 ml.	0 per 100 ml.
Cl. welchii Reaction	...	100 ml.	10 ml.	

This sample is practically clear and bright in appearance, almost neutral in reaction and free from metals apart from a negligible trace of iron. The water is hard in character but not unduly so and it contains no excess of salinity or mineral constituents in solution. It is free from noticeable colour, of very satisfactory organic quality and of a high standard of bacterial purity.

These results are consistent with a pure and wholesome water suitable for drinking and domestic purposes.

(Signed) GORDON MILES,

for The Counties Public Health Laboratories.

28th December, 1949.

(b) Private Water Supplies

In the northern area of the Borough, a population of about 600 in Canford Magna is supplied by a private supply belonging to Canford School. The supply is taken from a steel-lined artesian bore-hole in the underlying chalk at Canford. The raw water, though hard, is of a very high standard of purity, but as a precaution, automatic chlorination is carried out before distribution. During 1949, 14 samples of the raw water were taken for bacteriological examination and all were "Class I". In addition, regular tests were made for residual chlorine in the distributing system. The quantity of water is ample for the supply of the area served.

In the rural part of the Canford area, outside the area of the piped supplies, there are 21 houses on small private supplies, i.e., springs and wells. This is a reduction of 10 on the number in 1948. During the year 28 samples were taken from these supplies for bacteriological examination. 19 were satisfactory (Class I) and 9 (of which 5 were from one well) were unsatisfactory.

DRAINAGE AND SEWERAGE

There are four main sewerage systems in the Borough. The principal system drains Poole, Longfleet, Parkstone and Sandbanks and discharges into the sea at Shore Road. Another major system drains Newtown, Rossmore, Wallisdown, Branksome and Canford Cliffs and discharges into the sea at Branksome Chine. At Sandbanks the outfall is 1,800 feet from the shore and at Branksome Chine 1,050 feet. At both outfalls discharge is by pumping at all tides, the sewage being treated by disintegration and chlorination carried out in the pumps on the shore end of the outfall sewers.

Two smaller areas, Broadstone and Hamworthy, are drained separately. Broadstone is drained to a modern sewage disposal works at Creekmoor from which the filtered effluent is discharged into Holes Bay near Fleets Bridge. Hamworthy is drained to a smaller and older disposal plant on the southern shore of Holes Bay and the filtered effluent discharged into Holes Bay.

Sewage in the Borough is on the "separate" system, separate sewers being provided for soil and road surface water drainage. Roof and surface water drainage from individual premises is chiefly disposed of in soakaways.

The greater part of the Canford area and the Western end of Hamworthy, approximately 7,000 acres in extent and mostly semi-rural in character, are unsewered and in these areas drainage is mainly by cesspools, septic tanks or small disposal plants.

Except for the sewerage of the Council's new housing estates in the Wallisdown area no major works of sewerage were carried out in 1949.

Towards the end of the year work was started on the sewerage of Borley Road in the Creekmoor area under the Private Street Works Act. This will deal with 22 houses. Plans have been prepared for the sewerage of the remaining roads to complete the scheme started in 1939.

The scheme for the construction of new sewage disposal works at Hamworthy and for the sewerage of the western part of Hamworthy has now been submitted to the Minister of Health and it is hoped that work will be started on the scheme in the very near future.

Plans are now in hand for the carrying out of part of the scheme for the sewerage of the Waterloo area, including the extension of the Broadstone Disposal Works, in conjunction with the proposed Waterloo Housing Scheme at Sopers Lane.

Apart from the Hamworthy and Waterloo areas already mentioned the principal unsewered areas of the Borough are the development areas of Merley, Canford Magna and Bearwood in the semi-rural district taken over from the Poole Rural District in 1933. The poten-

tial danger to public health from the lack of sewers in these areas has been a constant source of anxiety ever since the district was taken over. In 1936 the sewerage of these areas was considered to be a matter of urgency. Nothing has happened since to lessen the urgency; on the contrary the risk has increased with the resumption of building in the district. A scheme has now been prepared to sewer these areas and to discharge the sewage into sewers to be laid by the Wimborne and Cranborne Rural District Council to discharge into the Kinson Disposal Works of the Bournemouth Corporation. Negotiations with these local authorities are now in progress.

CLOSET ACCOMMODATION

There are 654 cesspools and 225 pail-closets in the Borough, distributed as follows :—

	<i>Cesspools</i>	<i>Pail-closets</i>
Canford (development areas) ...	286	65
Waterloo	83	27
Hamworthy	108	48
Creekmoor	29	28
Newtown and Parkstone ...	36	2
Broadstone	11	—
Isolated houses (Canford area) ...	101	55
	<hr/> 654 <hr/>	<hr/> 225 <hr/>

During 1949, 9 cesspool drainage systems were connected to the sewer and 16 new cesspools were constructed. 10 pail closets were converted to water closets and connected to the sewer. Thus, compared with 1948 the number of cesspools has increased by 7 and the number of pail closets decreased by 10.

The Council provides a full cesspool-emptying service for the unsewered areas of the Borough. 167 of the pail closets are emptied by the Council, but at 58 premises, mostly isolated houses in the semi-rural parts of the Borough, the closets are emptied by the occupiers and the contents buried in the gardens. This practice must be condemned as likely to aid the spread of infectious disease and parasitic infestations and the Council are being asked to empty all the pail closets.

Cesspools and pail closets are not only a primitive method of sanitation for a progressive urban area, they are an expensive anachronism which may at any time become a menace to public health.

Retrospective comment :—

In 1893 in a report to the Local Government Board upon the General Sanitary Conditions of the Borough of Poole, the Medical Inspector of the Board commented:—

“ Sanitary Administration — Although the Sanitary Authority have recently commenced action towards abating the conditions of things revealed in this Report, it is, I fear, a fact that, whether the subject be looked at historically, by means of the annual reports of the several Medical Officers of Health of Poole, or by the light of the condition of things which at the present time obtains in St. James Parish, the Sanitary Authority have as yet not set themselves to grapple seriously with the insanitary conditions of the district entrusted to their care. This is especially so with regard to the subject of excrement disposal.”

PUBLIC CLEANSING

These services are carried out by the Borough Engineer's Department under the direction of the Public Health Committee. I am indebted to the Borough Engineer for the following summarised figures applicable to the year ending 31st March, 1950 :—

House Refuse Collection and Disposal (Combined)

Net cost	...	...	...	...	£39,329
Net cost per ton collected	...	...	...	...	£2.29
Net cost per 1,000 of population	...	...	...	...	£485.54
Net cost per 1,000 houses	...	...	...	...	£1541.53
Cwts. collected per 1,000 population per day	...	...	...	...	11.51 cwts.
Tonnage of refuse collected for year	...	...	...	...	17,119 tons

Street Cleaning and Gulley Cleaning

Total mileage of roads cleaned	...	...	...	134.4 miles
Net cost per mile	...	...	...	£119.77
Net cost per 1,000 of population	...	...	...	£198.71

RIVERS AND STREAMS

The Canford area contains a number of watercourses and streams which flow through unsewered development areas and then through dairy farm areas to the River Stour.

Whilst all known sources of direct pollution of streams have been cut out since the district was taken over in 1933, the existence of over 300 cesspools or septic tank drainage systems in this area, many of which are in very close proximity to watercourses and streams, forms a source of potential danger which will not be removed until the area is sewered.

In this area very careful attention is now paid to the disposal of sewage from new buildings. New septic tank systems are not permit-

ted. Sewage disposal plants are only approved where the area, level and nature of the site are suitable, the filters fitted with automatic distributors and the filtrate disposed of by sub-soil irrigation. Filtered effluents are permitted to discharge direct to streams and ditches only where the effluent is effectively sterilised by automatic chlorination. Where these conditions cannot be fulfilled water-tight cesspools of adequate capacity (not less than 2,000 gallons) are required.

During the year 58 samples of river and stream waters were taken for bacteriological examination as a check on sewage effluent pollution.

SANITARY INSPECTION OF THE AREA

The Sanitary Inspectorate of the Borough consists of one Senior Inspector and 5 District Inspectors. For a population of 81,130 this is equivalent to one inspector per 13,525 population. To carry out effectively the normal sanitary inspection of an area, a minimum of one sanitary inspector per 10,000 population was recommended by the Local Government Board in 1910 and under present day conditions, it is probable that this figure should now be one inspector per 8,000 population. The Borough has to provide sanitary inspectors for the Port Health Authority and for the main slaughterhouse of the Ministry of Food in an area with a population of 290,000; these two duties alone take up the equivalent of the full time of two inspectors. After allowing for these duties the maximum number of inspectors available for normal duties is one per 21,285 population. Thus it is evident that the existing staff is inadequate for the present population, and an increase in the number of inspectors is essential if any substantial improvement in the sanitary circumstances of the Borough is contemplated.

Owing to the illness and subsequent retirement of the Sanitary Inspector for the Longfleet District the Department was deprived of the services of one inspector for the whole of the year and the duties in this district had to be apportioned out between the other Sanitary Inspectors. Despite this and the consequent increased proportion of duties at the Ministry of Food slaughterhouse the number of inspections carried out by the Sanitary Inspectors was only 907 less than in 1948.

The total number of visits and inspections made by the Sanitary Inspectors during the year was 13,313.

1,250 complaints were received and investigated.

A summary of the work of the Sanitary Inspectors during the year is given in the following Tabular Statement:—

SUMMARY OF SANITARY INSPECTORS' ANNUAL TABULAR STATEMENTS.

VISITS

Housing

Re Defects	...	...	...	...	...	3061
Overcrowding	...	...	...	...	...	295
Dirty or Verminous Houses	...	...	...	...	...	163

Drainage

Re Defects	...	...	...	...	...	2097
Surface Water, Ditches, Streams, etc.	...	...	...	...	...	336
Cesspools, Sewage Disposal Systems	...	...	...	...	...	394

Water Supply

...	195
-----	-----	-----	-----	-----	-----	-----

Refuse

...	299
-----	-----	-----	-----	-----	-----	-----

Infectious Disease

...	394
-----	-----	-----	-----	-----	-----	-----

Insect Pests, etc.

...	208
-----	-----	-----	-----	-----	-----	-----

Diseases of Animals

...	42
-----	-----	-----	-----	-----	-----	----

Food

Bakehouses	...	...	...	...	...	150
Slaughterhouses	...	...	...	...	...	617
Butchers' Shops	...	...	...	...	...	521
Fish Shops, etc.	...	...	...	...	...	303
General Food Shops and Premises	...	...	...	...	...	594
Restaurants, Kitchens, Food Prep. Premises, etc.	...	...	...	...	...	421
Ice Cream Premises	...	...	...	...	...	314
Cowsheds	...	...	...	...	...	45
Dairies and Milk Shops	...	...	...	...	...	165
Sampling	...	...	...	...	...	586
Other Visits	...	...	...	...	...	138

Shops (Section 10, Shops Act)

...	47
-----	-----	-----	-----	-----	-----	----

Factories

...	245
-----	-----	-----	-----	-----	-----	-----

Work-Places, Offices, etc.

...	33
-----	-----	-----	-----	-----	-----	----

Other Premises

Lodging Houses	...	...	...	...	...	29
Moveable Dwellings...	...	...	...	...	...	62
Schools	...	...	...	...	...	96
Swimming Pools, Baths and Washhouses	...	...	...	...	...	38
Places of Public Entertainment	...	...	...	...	...	12
Public Conveniences	...	...	...	...	...	213
Stables and Piggeries	...	...	...	...	...	145

Other Visits

...	689
-----	-----	-----	-----	-----	-----	-----

Interviews

...	357
-----	-----	-----	-----	-----	-----	-----

Total No. of Inspections and Visits

...	13313
-----	-----	-----	-----	-----	-----	-------

WORK DONE**Housing**

No. of houses inspected for housing defects	...	...	916
No. of houses recorded under Housing Regulations	...	...	61
No. of houses requiring repair	...	...	806
No. of houses repaired without formal action	...	...	562

Drainage

Choked drains cleared	...	...	...	...	204
Drains altered, repaired or reconstructed	...	...	...	...	328
Drains tested	...	...	...	...	337
Certificate tests carried out	...	...	...	...	11
Cesspools repaired or reconstructed	...	...	...	...	19
Cesspool drainage connected to sewer	...	...	...	...	9

Disinfections, etc., carried out

Infectious diseases	...	...	...	...	260
Verminous premises	...	...	...	...	61
Insect pests, etc.	...	...	...	...	143

General

Refuse—Dust bins replaced or provided	...	...	...	...	111
Food Premises—No. where defects remedied	...	...	...	...	117
Other Premises—No. where defects remedied	...	...	...	...	417
Complaints investigated	...	...	...	...	1250

NOTICES

No. of informal Notices served	...	...	...	1313
No. of Informal Notices complied with	...	...	...	1142
No. of Statutory Notices served	...	...	...	73
No. of Statutory Notices complied with	...	...	...	70

SHOPS AND OFFICES

During the year 47 inspections of shops (other than food shops) were made under Section 10 of the Shops Act, 1934, and action was taken in respect of 16 shops to secure compliance with the provisions relating to temperature, ventilation, washing facilities or sanitary conveniences. 33 visits were paid to offices and in 12 instances action was taken in regard to the absence, insufficiency or defective condition of sanitary conveniences.

Owing to the shortage of staff and the number of hours spent on meat inspection duties in the Ministry of Food Slaughterhouse it has not been possible for the Sanitary Inspectors to carry out a systematic survey and inspection of shops (other than food shops),

and offices, but where complaints have been received, or conditions requiring improvement have been met, they have been dealt with.

CAMPING SITES

There are no licensed camping sites in the Borough and the only authorised sites in use during the year were the temporary camps of recognised youth organisations. Generally speaking, these presented no difficulties. One religious organisation has been given temporary Town Planning Consent for the use of a site for a tented camp for a maximum period of 42 days and a maximum number of 150 persons. The camp is under strict control and no trouble has been experienced.

The Council have under consideration the development of land on the shore of the Harbour at Hamworthy for a camping site under their own control, but a decision has not yet been made on the proposal. A large number of the seaside resorts on the South Coast have provided official caravan sites for the bona-fide holiday caravanners and in a properly laid out and controlled site no nuisance or deterioration of the amenities of the district has arisen.

It was again necessary, in a number of instances, to take action under section 269 of the Public Health Act, 1936, to prevent the use of unsuitable sites and premises for temporary housing accommodation. No dwellings were licensed for use as moveable dwellings during the year.

Having regard to the present difficult housing position and the number of applications received for permission to use caravans as temporary housing accommodation the Council approached the Ministry of Health for approval of a scheme to utilise a housing site to provide individual sites for caravans to be used as temporary housing accommodation. Each site was to be provided with separate water supply, drainage and sanitary accommodation etc. The scheme, however, was not approved by the Minister.

SMOKE ABATEMENT

It has not yet been possible to re-introduce the routine observations on factory chimneys which stopped in 1939, but in a number of instances action was taken to deal with smoke nuisance or grit emissions. In this sphere effective action continues to be hampered by the difficulties with regard to fuel and replacement of boiler equipment.

The construction of the new electricity power station on the shores of Holes Bay at Hamworthy progressed rapidly during 1949 and the station is expected to come into operation about the beginning of 1951. When completed the plant will have a capacity of 200,000 kilowatts. The estimated coal consumption of the eight pulverised fuel boiler units is 350,000 to 400,000 tons per year.

In view of this development it was decided that it was desirable that information should be obtained of the existing state of atmospheric pollution in the Borough. After consultation with the Director of Observations at the Fuel Research Station, Greenwich, it was decided to carry out the recordings at four stations, each of which would be equipped with a deposit gauge and one lead-peroxide instrument. The necessary apparatus was ordered early in 1949 and it was hoped to start recordings during the summer. Unfortunately considerable difficulty was experienced in obtaining some parts of the apparatus and these were received too late to allow of any work being done in 1949. The recordings were started on the 1st February, 1950.

SWIMMING BATHS AND POOLS

During the year two open-air sea-water swimming baths were available to the public—the Corporation bath at Seldown and a privately owned bath at Lilliput. Both these baths are provided with efficient modern continuous action filtration and chlorination plants. During the season 13 routine samples of the water were taken for bacteriological examination; of these 11 were Class I, 1 was Class III and 1 was Class IV. In addition, a daily check of residual chlorine in the water was maintained by the baths staff and checked periodically by the Sanitary Inspectors.

During the season a breakdown of the pump at one bath put the filtration plant out of operation. A sample of the water was Class IV and the bath was closed and not re-opened until filtration and chlorination had been resumed and a sample of the water of the standard of Class I obtained.

There are two children's paddling pools in the Borough, one in Hamworthy Park and one at the Pavilion, Sandbanks. During the summer months observations were kept on the condition of the water during the periods of maximum use and 9 samples of the water were taken for bacteriological examination. The observations showed the need for some form of continuous treatment of the water, particularly at Sandbanks, and the Council propose to instal a sea-water pump and a chlorinator at the pool at the Pavilion.

SEA WATER BATHING

Poole Bay is a favourite resort for sea bathing. The sands extend for ten miles from Hengistbury Head in the east to Old Harry Rocks in the west, and provide the bathing beaches for the County Borough of Bournemouth and the Boroughs of Poole and Christchurch.

Nature has endowed this bay with every desirable amenity for sea bathing — abundant sands, a warm equable climate with shelter

from the north-east winds, shallow water for the non-swimmer and, with the exception of a few clearly indicated danger points, long stretches of water free from dangerous currents.

Into this natural aquatic playground no less than nine outfall sewers discharge the sewage of a population of a quarter of a million people, untreated except for disintegration and a modicum of chlorination. If these unwholesome discharges were eliminated or diverted for scientific treatment, Poole Bay would be not only the finest stretch of bathing beach in England, but aesthetically the most acceptable and hygienically the most salubrious.

Considerable attention is paid by the Ministry of Health and the Local Authorities to the protection of bathers using swimming pools and local baths and a standard of bacterial purity of these has been recommended, but as regards the bacterial purity of the sea-water on the bathing beaches around our shores, little or no attention has been paid.

About fifteen years ago a bacteriological survey of the sea water on the beaches was carried out. The results obtained did not indicate a high level of purity. Similar results have been obtained more recently. Quite apart from bacteriological examination, the evidence of the naked eye is at times sufficient to convince the most sceptical.

A joint scheme by Bournemouth, Poole and Christchurch for the diversion of sewage from Poole Bay and its scientific treatment was put forward before the war but has been in abeyance since, owing to the local authorities' hesitation to shoulder the considerable cost involved. The Poole Borough Council is anxious to take action to stop the discharge of its sewers into the Bay, but obviously any unilateral action by Poole would be useless in the absence of parallel action by the other two boroughs.

DISINFESTATION.

During 1949, 163 visits were made to dirty or verminous houses. 28 houses (including 6 Council houses) were found to be infested with bed bugs and were disinfested. In all cases the disinfestation was carried out by the Public Health Department at the expense of the owners or occupiers. The method used was spraying with a standard proprietary insecticide of the Pyrethrum-D.D.T. type. This method has been found to be satisfactory in practice, simple in operation, free from serious smell, and relatively cheap.

In order to prevent the spread of infestation to new Council houses, prospective tenants' rooms, bed furniture and bedding found to be verminous are disinfested by spraying, before the date of removal and again on the day of removal. Bedding found to be heavily infested is disinfested by steam or destroyed.

COMMON LODGING HOUSES

There are two registered Common Lodging Houses in the Borough, both situated in the old part of the town, near the Quay. These can accommodate 49 men (27 and 22 respectively). They were inspected on 29 occasions during the year. In one instance the registration of the keeper was renewed subject to improvements in the washing and ablution facilities being carried out in 1950.

MOSQUITO CONTROL

In the Annual Report for 1946 some notes were given on the species of Mosquitoes found in the Borough and surrounding district and of the method of control adopted.

Since 1946 all potential breeding grounds have been kept under observation during the summer months and sprayed with a mixture of kerosene and heavy oil and one per cent. D.D.T. at intervals as found necessary. This has been found to be successful in controlling breeding in the potential breeding grounds dealt with.

During 1949, potential breeding grounds were kept under observation. 25 were found to be active breeding places at some time during the summer and were sprayed. Breeding was found to have recurred in eleven places after the initial spraying, but, with one exception, did not recur after a second spraying. As in previous years, it was found the small ornamental ponds, rainwater tanks, water butts, etc., in private gardens provide the most numerous breeding places for mosquitoes, and are the most difficult to control, owing to lack of co-operation of occupiers. It is difficult to estimate the extent to which the harbour backwaters are breeding places, as large tracts of mudland are inaccessible and the largest areas are outside the Borough boundaries.

RODENT CONTROL.

Since 1944 the Council have provided a comprehensive service for the destruction of rats and mice on premises within the Borough. A full-time staff of one Rodent Officer and 3 Operatives is employed in this work, working on the methods laid down by the Infestation Division of the Ministry of Food.

During 1949, the "Block Control" system was operated in conjunction with investigation of complaints, i.e., when a complaint was investigated, a survey was made of the surrounding area and the whole area dealt with in one block.

A summary of the work done in rodent destruction in 1949 is as follows:—

Type of Vermin	Council Premises	Private Premises	Business Premises	Total
RATS				
Total No. of visits made by staff ...	199	11919	3010	15128
Total No. of premises inspected:-				
(a) On complaint	12	503	98	613
(b) On survey	78	6575	921	7574
Total No. of premises found infested :-				
(a) On complaint	12	373	95	480
(b) On survey	—	286	158	444
No. of premises treated	12	668	259	939
No. of premises cleared	13	650	254	917
No. of premises re-treated and cleared	4	34	47	85
No. of pre-baits laid	259	13702	5644	19605
No. of poison baits laid	56	3268	1336	4660
No. of post-baits laid	94	476	962	1532
No. of instances where other methods used	1	9	23	33
Estimated No. of rats destroyed	60	3206	2464	5730
No. of bodies of rats recovered	15	1357	862	2234
MICE				
No. of complaints received ...	10	56	15	81
No. of premises treated	10	57	15	82
No. of premises cleared	7	55	15	77
OTHER VERMIN	—	1	—	1

Treatment for rat infestations was mainly baiting, but all methods of destruction were employed. The estimate of the number of rats destroyed is based on the Infestation Division's system of calculation, but the number of bodies recovered from the surface shows the figure to be a conservative one, as in the poison baiting system of destruction most of the rats die underground.

During the summer 10 per cent of the sewer man-holes in the Borough were test-baited without a single "take" being recorded.

Treatment for mice infestations was mainly by trapping and in most instances this was done by the occupiers of the premises themselves after instruction and advice by the Rodent Officer.

DISEASES OF ANIMALS

One case of Anthrax occurred in a cowshed in the Borough. The infected animal (a heifer) died. Owing to circumstances beyond the control of the Local Authority the arrangements for the cremation of the animal had to be abandoned and the animal buried on the site.

For the first time for several years there were no outbreaks of Foot and Mouth Disease in the Borough or within the 15 miles radius. No case of Swine Fever was reported. Three cases of Fowl Pest were notified.

During the year two offences under Restriction of Movement Orders or Regulations were reported and the offenders cautioned.

There are about 115 piggeries in existence in the Borough, but owing to difficulties in obtaining feeding stuffs, a considerable number of these were not in use in 1949. 145 visits of inspection were made to these premises.

FACTORIES

The number of factories registered is 274.

The number of inspections made during the year was 245.

Generally, no difficulty was experienced in dealing with nuisances found in factories. Until recently the remedy of defects involving additional construction, such as the building or improvement of sanitary conveniences, was difficult but the position in this respect is now becoming somewhat easier.

Particulars of the inspections of factories are set out in the table below :—

THE FACTORIES ACT, 1937.

Part I of the Act.

1. **Inspections** for purposes of provisions as to health (including inspections made by Sanitary Inspectors).

Premises	No. on Register	Number of :—		
		Inspections	Written Notices	Occupiers Prosecuted
* (1) Factories in which Sections 1, 2, 3, 4 and 6 are enforced by Local Authorities	25	32	1	—
† (2) Factories not included in (1) in which Section 7 is enforced by the Local Authority	245	205	5	—
(3) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	4	8	—	—
TOTAL	274	245	6	—

* — Factories in which no mechanical power is used.

† — Factories in which mechanical power is used.

2. Cases in which defects were found

(Defects discovered at premises on two, three or more separate occasions are reckoned as two, three or more "cases".)

Particulars	No. of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness (S.1) ...	—	2	—	—	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3) ...	—	—	—	—	—
Inadequate ventilation (S.4) ...	—	1	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)—					
(a) Insufficient ...	7	5	—	4	—
(b) Unsuitable or defective ...	11	8	—	—	—
(c) Not separate for sexes ..	1	—	—	—	—
Other offences against the Act (not including offences relating to out- work) ...	2	2	—	—	—
TOTAL ...	21	18	—	4	—

OUTWORKERS

During the year lists containing the names and addresses of 115 outworkers were received from factories in the Borough. 78 of these were resident in the Borough, 37 were resident in other districts and their names and addresses were forwarded to the local authorities concerned. In addition 42 names and addresses of Outworkers were received from other local authorities, making a total of 120 Outworkers employed in the Borough, all in the clothing trade. In no instance was it found necessary to take any action with regard to unwholesome conditions. On three occasions disinfection of outworkers' materials was carried out because of the occurrence of infectious disease in the households.

SCHOOLS

During 1949, 96 visits of inspection were made to schools by the Sanitary Inspectors. All sanitary conveniences were regularly inspected and any defects or lack of cleanliness attended to where found. The disinfection of classrooms and the whitewashing of conveniences is carried out at all schools during the holiday periods as a matter of routine.

During inspections particular attention was paid by the Sanitary Inspectors to the standard of hygiene in school kitchens and the attention of staff persistently drawn to the importance of cleanliness of the hands of persons handling food or food utensils.

Generally speaking, the sanitary circumstances of the schools in the Borough are satisfactory. All schools are provided with main water supplies ; washing facilities are fairly satisfactory and conveniences provided with modern pedestal wash-down water closets and reasonably satisfactory urinals.

SECTION D

HOUSING.

Number of Houses in occupation in the Borough.

The total number of dwelling houses occupied and void was 23,603. 361 houses were still under construction on 31st December, 1949.

Year	Over £22 R.V.		Under £22 R.V.		Total		Popula- tion	Persons per occupied House
	Occupied	Void	Occupied	Void	Occupied	Void		
1946	5425	49	16117	82	21542	131	76330	3.52
1947	5535	27	16805	64	22340	91	78720	3.53
1948	5596	59	17243	73	22839	132	80480	3.52
1949	5842	50	17616	95	23458	145	81130	3.46

New House Construction

1.	Total number of units of accommodation completed in 1949	...	...	...		463
	New traditional houses and flats	...			437	
	Conversions and adaptations(flats)	...			26	
2.	Houses and flats in above which form part of Municipal Schemes	...	...			304
3.	Total number of units of accommodation under construction as at 31.12.49	...				370
	New traditional houses	...	...	...	361	
	Conversions and adaptations (flats)	...			9	
4.	Houses and flats in above which form part of Municipal Schemes	...	...	...		281
5.	Number of houses included in Municipal Schemes, approved, but not actually under construction at 31.12.49	...	...	...		178

Re-housing

The number of applicants for housing accommodation on the Council's register on the 31st December, 1949, was 3,262.

The number of families re-housed during 1949 was 317.

Existing Housing Conditions

Housing continues to be the most difficult single problem facing the Local Authority. Despite the re-housing of 317 families during the year the number of applicants on the Council's register for housing accommodation is only 57 less than in 1948, and it must be remembered that the Council's "waiting list" is no real indication of the housing needs of the district. It does not, for instance, contain all the families sharing accommodation in small houses, nor all the families living in the unfit houses in the Old Town area or in the large number of "sub-standard" houses in the Borough. The real extent of the housing problem in the Borough can only be assessed by a special survey. Without this it is even difficult to estimate the extent of overcrowding.

The extent of the slum clearance problem is at any rate known. On the 31st December, 1949, there were, mainly in the Old Town area, 730 unfit houses which in 1938 had been scheduled for demolition in the following five years. Of these 13 were completely derelict, 15 were closed and boarded up, 12 were being used for storage and other purposes, and 690 were still in occupation. These houses are insanitary, unfit for habitation, and incapable of being made fit, and many of them are beyond even temporary repair. As a matter of national policy clearance work has been in abeyance since September 1939 and no indication has yet been given as to when it may be resumed. Nevertheless the Council have asked the Ministry of Health for permission to make a start with a small clearance area in the Old Town area and a scheme dealing with 48 houses is being prepared for submission in 1950.

During the year action had to be taken with regard to a number of individual houses where conditions were particularly bad. Two formal Demolition Orders and one formal Closing Order were made. Three houses were demolished; one in pursuance of a Demolition Order and two voluntarily. In addition, the Council demolished 18 unfit houses acquired in the previous two years when the occupants were rehoused. In a number of instances where occupants of unfit houses were re-housed by the Council, the owners agreed to relet the houses to small families without children, after minimum repairs had been carried out.

The repair of working class houses is another housing problem to which the solution appears as far off as ever. In the earlier post-war years the principal difficulties were the licensing restrictions and the shortage of materials. Now another difficulty — the disparity between fixed low rents and soaring repair costs — is beginning to make itself felt in the form of increased resistance to repair notices. As a consequence the amount of work involved in getting even the simplest of repairs done has increased enormously within the last few years. Meanwhile only the abatement of urgent defects is being asked for,

but it is apparent that the resumption of routine housing repair work cannot be deferred much longer and it is to be hoped that local authorities will receive some guidance in this matter soon.

A summary of the housing work carried out by the Sanitary Inspectors is shewn in the following Table:—

Housing Inspection.

1. Inspections of dwelling-houses during the year :—

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	916
(b) Number of inspections made for the purpose ...	3061
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations 1925 and 1932	61
(b) Number of inspections made for the purpose ...	101
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	54
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ...	806

2. Remedy of Defects during the Year without service of formal Notices :—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	562
--	-----

3. Action under Statutory Powers during the year :—

(a) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 :—	
(1) Number of dwelling-houses in respect of which notices were served requiring repairs	1
(2) Number of dwelling-houses which were rendered fit after service of formal Notices :—	
(a) By owners	1
(b) By Local Authority in default of owners ...	Nil.

(b) Proceedings under Public Health Acts :—

- | | |
|---|------|
| (1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied | 62 |
| (2) Number of dwelling-houses in which defects were remedied after service of formal Notices :— | |
| (a) By owners | 58 |
| (b) By Local Authority in default of owners ... | Nil. |

(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936 :—

- | | |
|--|---|
| (1) Number of dwelling-houses in respect of which Demolition Orders were made | 2 |
| (2) Number of dwelling-houses demolished in pursuance of Demolition Orders | 1 |

(d) Proceedings under Section 12 of the Housing Act, 1936 :—

- | | |
|--|------|
| (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made | 1 |
| (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit | Nil. |

SECTION E

INSPECTION AND SUPERVISION OF FOOD.

Food Premises

The inspection and supervision of food premises form a very large and increasingly important part of the Sanitary Inspectors' duties and in 1949, 3,854 visits were made to food premises in the Borough. This represents nearly 30 per cent of all visits made by the Sanitary Inspectors.

During the year efforts to bring all food premises, and particularly food preparation premises, up to modern hygienic standards were continued and intensified and the reconstruction, modernisation or major improvement of 21 premises was secured. These included 3 restaurants, 3 food preparation premises, 2 ice-cream factories, 4 bakehouses, 1 dairy and 8 other food premises. In a number of other instances agreed major improvements are in hand and will be carried out in the coming year.

Notices were served on the occupiers of 117 food premises where alterations or improvements were necessary to meet the requirements of section 13 of the Food & Drugs Act, 1938. In 5 instances the voluntary closing of unsatisfactory food premises was secured.

Most food premises in the Borough now have suitable washing facilities, including constant hot water, and particular attention is paid to the maintenance of these facilities.

During inspections the importance of the cleanliness of the hands of persons actually engaged in the handling or preparation of food was continually stressed and "wash your hands" notices have been provided free to all food premises.

In the report for 1948, attention was drawn to the lack of adequate statutory power to enforce in cafes and restaurant kitchens a standard of space, construction, fittings and hygiene compatible with the amount and type of food preparation work carried on. In many of these premises the proportion of space allocated to the kitchen is totally inadequate and no improvement can be required under existing legislation. At the risk of repetition, it must again be stressed that nothing less than the compulsory registration of all commercial kitchens, supplemented by a statutory code of standard of premises will meet the situation.

Milk Supply

Cowsheds

In 1949 there were 37 Milk Producers and 3 Producer-Retailers registered in the Borough. Under the provisions of the Milk and Dairies Regulations, 1949, the responsibility for the registration of

milk producers, the inspection of cowsheds and the supervision of milk production was transferred from local authorities to the Ministry of Agriculture and Fisheries on the 1st October, 1949.

Dairies and Milk Shops

The number of Milk Distributors registered in the Borough is as follows:—

Wholesale Distributors	...	...	...	1
Wholesale and Retail Distributors	...	...	...	3
Retail Distributors	...	...	...	9
Retail Distributors from outside Borough	...	...	...	7
Sellers of bottled milk only	...	...	...	65

The number of registered premises in the Borough is as under:—

Creameries	...	...	...	...	...	1
Bottled Milk Depots	...	...	...	...	...	10
Dairies	...	...	...	...	...	10
Shops selling bottled milk only	...	...	...	...	...	65

165 inspections of these premises were made during the year.

The Milk (Special Designations) Orders and Regulations

The following licences were granted :

Pasteurised Milk—

Pasteurisers' licences	...	...	2
Dealers' licences	...	...	22

Tuberculin Tested Milk—

Bottlers' licences	...	...	2
Dealers' licences	...	...	6
Supplementary licences	...	...	2

Bacteriological Examinations

The supervision of the treatment and distribution of milk in the Borough is carried out by the inspection of premises, the checking of methods and the bacteriological examination of the milk. Even before the transfer of functions routine sampling for bacteriological examination had been discontinued at cowsheds in order to prevent overlapping, and routine sampling concentrated on designated and retail milks during treatment or distribution. During the year, 260 samples of milk were taken for bacteriological examination as follows :—

Pasteurised Milk

91 samples were taken. All were satisfactory to the Phosphatase test but 2 were unsatisfactory to the Methylene Blue test.

Heat Treated Milk

109 samples were taken. 24 were unsatisfactory to the Phosphatase test but all were satisfactory to the Methylene Blue test. All these samples came from one heat-treatment plant which is now being replaced by a modern H.T.S.T. pasteurisation plant which should be in operation in 1950.

Tuberculin Tested Milk

37 samples were taken. 8 of these were Tuberculin Tested (Pasteurised) and these were satisfactory to Phosphatase, Coliforms and Methylene Blue tests. 29 were raw Tuberculin Tested Milks and of these 23 were satisfactory to both Coliform and Methylene Blue tests, 3 were unsatisfactory to the Coliform test and 3 were unsatisfactory to the Methylene Blue test.

Non-graded Milk

12 samples of raw ungraded milk were taken; 8 of these were satisfactory and 4 unsatisfactory to the Methylene Blue test.

11 samples of raw ungraded milk were taken for biological tests for presence of Tubercle bacilli. All were negative.

Pasteurisation

An average weekly sale of milk in the borough is about 45,000 gallons. Of this, about 41,000 gallons, or approximately 91%, are pasteurised or heat-treated.

The policy of the Council has been to secure that all milk sold in the Borough is pasteurised and sold as such and in the past every effort was made to secure compulsory powers for that purpose, but without success.

However, with the coming into operation of the Milk (Special Designations) Act, 1949, and the Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949, there is every prospect of pasteurisation becoming compulsory in this area in the very near future.

At present a large proportion of the milk retailed in the Borough comes from two large operators outside the Borough who are already equipped with modern pasteurising plants. The one creamery within the Borough is at present being reconstructed and the existing heat-treatment plant is being replaced by a modern H.T.S.T. pasteurising plant. Two small pasteurising plants of the holder type have been installed in the Borough within the past two years and three more are

in hand and should be completed by 1950. When these plants are in operation there will be ample plant available for the pasteurisation of all milk sold in the Borough, and the specification of the area under the Milk (Special Designations) Act, 1949, would be practicable.

Ice Cream.

There are 182 premises in the Borough registered for the manufacture or sale of ice-cream. These are :—

Premises registered for manufacture ...	7
Premises registered for retail sale ...	58
Premises registered for retail sale of pre-packed ice cream only ...	117

During 1949 there was a big increase in the supplies of pre-packed ice-cream and most of the small retailers changed over from the sale of bulk ice-cream to the sale of the pre-packed article. In the earlier part of the year most of the pre-packed supplies came from the large national or regional firms but later during the year most of the local manufacturing firms began to supply wrapped or pre-packed ice-cream and there is every evidence that within the next year or two pre-packed ice-cream will completely supplant loose ice-cream where the article is sold for consumption off the premises.

When the Ice-Cream (Heat Treatment, etc.) Regulations, 1947, came into force a "Provisional Standard of Fitness of Premises for the Manufacture or Sale of Ice Cream" was prepared in consultation with the ice-cream trade and this code was adopted by the Council as the standard for premises for registration. The introduction of this code has resulted in an immense improvement in the standard of premises, equipment and methods and all premises now registered comply with this standard. New premises are required to comply with the standard before registration.

Effective supervision of this section of the food industry is still hampered by the exclusion of cafes, restaurants, hotels and clubs from the registration provisions of Section 14 of the Food & Drugs Act, 1938, and from the lack of control over street traders.

During the year 183 samples of ice-cream were taken for bacteriological examination. 59 of these samples were taken from one new plant where samples were frequently below standard. In order to find out the cause it was necessary to carry out a long series of tests, taking samples at every stage of the process, until the source of the trouble had been located. Of these 59 samples, 22 were Grade I, 8 were Grade II, 10 Grade III and 19 were Grade IV. In the circumstances these results are excluded from the table of routine samples.

The results of the routine samples of ice-cream taken during 1949 for bacteriological examination are set out in the table below. The test used is the methylene blue reduction test recommended by the Public Health Laboratory Service. Grades I and II are considered satisfactory and Grade IV unsatisfactory.

Type	No. taken	Grade I	Grade II	Grade III	Grade IV	Percentage unsatisfactory
Bulk ice-cream from manufacturers	44	25	4	12	3	6.8%
Bulk ice-cream from retailers	48	27	10	8	3	6.2%
Pre-packed ice-cream ...	32	25	2	5	—	Nil
Total ...	124	77	16	25	6	4.8%

In 1948, the results from 127 routine samples were, 59 Grade I, 37 Grade II, 15 Grade III and 16 Grade IV. The percentage unsatisfactory was 12.6. In 1947 the percentage of routine samples unsatisfactory was 27.5. Thus since 1947 there has been a remarkable progressive improvement in the number of unsatisfactory samples. As a considerable proportion of the samples of pre-packed ice-cream were from local manufacturers, further improvement may be expected in this group as the manufacturers get over the "teething troubles" which were experienced in 1949. The considerable improvement in the samples of bulk ice-cream from retailers is probably due to better methods of dealing with servers on counters, although in this direction there is still room for improvement.

In view of the prohibition on the use of milk or milk products and fats for manufacture, the shortage of substitute materials and the absence of any standard for ice-cream, no samples of ice-cream had been taken for analysis under the Food and Drugs Act, since 1946.

In April 1949, the Ministry of Food made additional supplies of sugar and fat available to manufacturers who gave an undertaking that their ice-cream would have a minimum fat content of 2.5 per cent. In view of this, sampling of ice-cream for analysis was resumed and 19 samples representative of all makes of ice-cream on sale in the district were taken during the second quarter of the year and of these 5 had a fat content of less than 2.5 per cent.

The manufacturers of these five ice-creams were interviewed and improvements in quality secured immediately. Sampling was continued throughout the summer and before the end of the season very satisfactory results were being obtained. During the last quarter of the year, 10 samples were taken; all had fat contents above 2.5 per cent (the lowest was 3.9 per cent) and 7 were above 8 per cent.

A summary of the fat content of the 59 samples of ice-cream taken for analysis during 1949 is as follows:—

<i>Fat Content</i>	<i>No. of Samples</i>	<i>Percentage of Total</i>
Less than 1 $\frac{0}{0}$...	1	1.7
1 $\frac{0}{0}$ to 2.5 $\frac{0}{0}$...	7	11.9
2.5 $\frac{0}{0}$ to 4 $\frac{0}{0}$...	12	20.3
4 $\frac{0}{0}$ to 6 $\frac{0}{0}$...	12	20.3
6 $\frac{0}{0}$ to 8 $\frac{0}{0}$...	9	15.3
8 $\frac{0}{0}$ to 10 $\frac{0}{0}$...	15	25.4
Over 10 $\frac{0}{0}$...	3	5.1

Taken in conjunction with the results of the routine samples for bacteriological examination these results show the very considerable improvement secured in the quality of the ice-cream manufactured or sold in the Borough in 1949.

The Public Health Laboratory, Poole (Director : G. J. G. King, M.B., B.Ch.) was one of the four centres at which observations were made during 1948 and 1949 by the Sub-Committee appointed by the Medical Research Council to enquire into tests for the bacteriological grading of ice-cream.

Soft Drinks

During the autumn of 1949 some trouble was experienced with infestations of the fruit fly (*Drosophila melanogaster*) in soft drinks. At first it was thought that the fruit juices might be the source of the trouble but on examination of the juices used no trace of infestation could be found. Later investigations seemed to suggest that deposition of the eggs occurred in empty bottles which had previously contained apple crush, probably in bottles left lying about yards in country districts. The eggs are attached to the surface of the bottles by a gum-like substance and the normal treatment in a bottle washing machine fails to remove or destroy them. In one factory it was necessary to introduce the pre-inspection of all returned empty bottles and to deal with any infested bottles separately by hand. In addition a close sight check was made of all bottles leaving the washing machines and the fillers. The trouble may in some measure have been due to the exceptional summer in 1949 and may not recur in normal summers.

INSPECTION OF MEAT.

Slaughterhouses and Butchers' Premises

Under the centralisation of slaughtering scheme a very large proportion of the slaughtering for the area within a fifteen mile

radius of Poole is concentrated in the Ministry of Food Slaughterhouse at Poole. During the year, 617 spells of duty were carried out by the Sanitary Inspectors, during which every one of the 10,507 animals slaughtered was inspected at the time of slaughter and a detailed examination of the carcase and offal made. This continuous inspection duty placed a very severe strain on the inspectorial staff, which was increased by the congested and sometimes dangerous conditions under which the work of inspection had to be carried out. As in previous years representations were made to the Ministry of Food on this subject on several occasions but so far without securing any real improvement. Minor alterations were made during the year, but until this slaughterhouse is enlarged to a size adequate for the amount of slaughtering carried on, meat inspection there will continue to be an extremely difficult and arduous task.

Retrospective comment :—

In 1893 in a report to the Local Government Board upon General Sanitary Conditions of the Borough of Poole, the Medical Inspector of the Board commented:—

“ The byelaws in reference to slaughterhouses need remodelling, but the Sanitary Authority would do well to erect a public abattoir for the town.”

In November, 1948, the Ministry of Food, in Circular M.F.5/48, drew attention to the increasing prevalence of *Cysticercus bovis* in cattle slaughtered in this country and advised that every ox carcase should be examined for evidence of this parasite — the cystic form of the tapeworm, *Taenia saginata*. As the cysts rarely exceed the size of a pea and are found only in the muscles of organs or carcase, their detection requires very careful examination of the meat in exceptionally good light — an extremely difficult task in the conditions existing in the Poole slaughterhouse.

During the year, *cysticercus bovis* cysts were discovered in 32 of the cattle slaughtered at Poole. 19 of these beasts came from the eastern counties, 2 from the west country and 11 from Dorset. In all cases the cysts occurred in the head or the heart and the maximum number of cysts found in one animal was three. In every instance where *cysticercus bovis* was found the carcase was sent for freezing at 16°F. for three weeks, a treatment which effectually destroys the parasite.

In addition to slaughterhouse duties, 521 visits were made to butchers' shops for the inspection of meat and premises.

Particulars of the inspections of carcases and offals at the slaughterhouse are given in the following tables :—

**Carcases Inspected and Condemned
during the year 1949.**

	<i>Cattle excluding cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>
Number killed	2886	1858	1555	3002	1206
Number Inspected	2886	1858	1555	3002	1206
All diseases except Tuberculosis— Whole carcasses condemned	4	12	10	4	16
Carcases of which some part or organ was condemned ...	1071	926	11	775	280
Percentage of the number inspected affected with dis- ease other than Tuberculosis	37.2	50.5	1.4	25.9	24.5
Tuberculosis only— Whole carcasses condemned ...	25	62	8	—	4
Carcases of which some part or organ was condemned ...	499	718	5	—	50
Percentage of the number in- spected affected with Tuber- culosis	18.2	42.0	0.8	—	4.5

Meat Condemned.

<i>Meat</i>	<i>Tuberculosis</i>	<i>Other Diseases</i>	<i>Total Weight</i>
Beef	53,409 lbs.	11,648 lbs.	65,057 lbs.
Veal	347 „	429 „	776 „
Mutton	—	164 „	164 „
Pork	1,756 „	2,191 „	3,947 „
Offal	47,773 „	46,240 „	94,013 „
Total	103,285 lbs.	60,672 lbs.	163,957lbs.

In addition, 1,525 lbs. of imported beef, 233 lbs. of imported mutton and 376 lbs. of imported corned beef and mutton were condemned as unsound in butchers' shops.

Thus the total weight of meat and edible offal condemned in 1949 was:—

74 tons, 1 cwt., 2 qrs., 20 lbs.

Inspection of Other Foods

Arising from the inspection of food in retail shops, etc., 7 tons, 14 cwts., 3 qrs. and 16 lbs. of foodstuffs (other than meat) were condemned and surrendered for destruction or salvage for animal feeding stuffs. These comprised :—

Bacon	...	...	...	...	72 lbs.
Poultry	...	...	...	...	583 lbs.
Sausages and Meat Products	...				56 lbs.
Fish	...	...	...	...	8,899 lbs.
Fats (Butter, Margarine, etc.)	...				74 lbs.
Cheese	...	...	...	...	86 lbs.
Fruit	...	...	...	...	3,375 lbs.
Dried Fruit	...	...	...	...	13 lbs.
Cakes, Biscuits, etc.	...				160 lbs.
Flour and Cereals	...	...	...		819 lbs.
Jams and Preserves	...	...	...		164 lbs.
Confectionery	...	...	...		77 lbs.
Other Foods	...	...	...		369 lbs.
Tinned Foodstuffs	...	...	...		2,771 tins
Eggs	...	...	...	...	2,088
					<hr/> 17,348 lbs.

The total weight of all food (including meat and edible offal) condemned in 1949 was 81 tons, 16 cwt., 2 qrs. and 8 lbs.

Chemical and Bacteriological Examination of Food.

Analyses of samples of foods and drugs taken under the Food and Drugs Act, were carried out by the Public Analysts for the Borough, Dr. R. P. Charles, M.D., F.R.I.C., of the Southern Counties Laboratories, Bournemouth, and Mr. A. S. Carlos, B.Sc., F.R.I.C., Bournemouth, who also carried out any chemical examinations of food, water, etc., required by the Public Health Department. In Aug., 1949, Dr. Charles died and Mr. Carlos was then appointed sole Public Analyst for the Borough.

During the year 22 samples of food were submitted by the Sanitary Inspectors to the Public Analyst for chemical examination on suspicion of unsoundness or contamination.

A laboratory of the Public Health Laboratory Service is located in the Municipal Buildings, Poole, and all bacteriological examinations of foods required are carried out there. The facilities for examinations being so readily available, every use is made by the Sanitary Inspectors of these aids in their work in food inspection. Examinations carried out by the Laboratory include :—

Routine bacteriological examinations of milk, ice-cream, soft drinks, shell-fish, etc.

Special examinations of foods for specific pathogenic organisms. Phosphatase, Methylene Blue and biological tests of milk samples. Churn and bottle rinses.

Microscopical examinations of specimens from slaughter-house for identification of diseases in meat inspection.

Microscopical examinations of cereals, etc., for mites, etc.

In all 1002 samples and specimens were submitted during the year by the sanitary inspectors for bacteriological or microscopical examination.

Food Poisoning

Two small outbreaks and one single case of food poisoning came to the notice of the Public Health Department during the year.

One of the outbreaks was due to metallic poison in food. 6 school children were affected with severe vomiting within 15 minutes of eating iced lollies. They made good recovery. The lollies were made by the addition of pure water to orange squash with colouring matter, mixed in a glass dish and then placed in tinned-copper moulds and frozen. On examination of the moulds it was found that the tinning was worn off in places showing the copper. One of the actual batch of lollies concerned was sent to the Public Analyst together with the ingredients and a lollie mould. The Public Analyst reported that the lollies were contaminated with 0.32 grains copper (expressed as copper sulphate) and 0.69 grains of tin which, when expressed in grains per lb. is 6.37 grains copper sulphate and 12.60 grains tin.

Copper in food acts as an astringent in small doses ($\frac{1}{4}$ to 2 grs.) and as an emetic (5 to 10 grs.). The presence of tin in food up to 2 grains per lb. is generally regarded as harmless, but in excess of that may act as an irritant poison. It would appear that there is always a potential danger in using tinned-copper moulds and the use of alternative materials has been recommended.

The other outbreak was due to the bacterial infection of pressed veal and beef. Whilst drastic action was being taken to deal with unsatisfactory conditions in a food shop, enquiries brought to light 5 cases of illness which appeared to suggest food poisoning from pressed meat purchased from the shop. All 5 persons had suffered from sickness and diarrhoea about four hours after consumption of the meat. Two portions of meat recovered from patients' homes and the faeces of one patient revealed the presence of staphylococcus aureus in large numbers. Samples of meat recovered from the refrigerator and from a mincing machine at the shop also gave very heavy cultures of the same organism. Inspection of the staff and swabbing of the hands,

noses etc., of all persons handling the meat failed to reveal how the meat became infected, but the unsatisfactory methods of manufacture were undoubtedly contributory factors.

These two cases illustrate the need for very prompt action where food poisoning is suspected.

The single case was a notified and confirmed severe case of food poisoning by *B. Typhi-murium*. The vehicle of infection was believed to be a fried duck egg but as the patient had consumed the whole of the egg this could not be confirmed.

Food and Drugs Adulteration.

289 samples of foods and drugs were taken under the Food and Drugs Act, 1938, by the Sanitary Inspectors and sent to the Public Analysts for analysis.

The Table on pages 64, 65, 66, and 67 gives a summary of the samples taken, the results of analyses and notes of the action taken in respect of adulterated samples.

Owing to the death of Dr. R. P. Charles in Aug., 1949, no report of his work as Public Analyst is available, but the results of the analyses of the samples dealt with by him during the first five months of 1949 are included in the tabulated summary of samples.

48 samples were sent to Dr. Charles — 6 formal and 42 informal. These included 4 samples of drugs, 4 samples of milk, 15 samples of ice-cream and 25 samples of other foods. All 48 samples were reported as genuine.

The report of Mr. A. S. Carlos, B.Sc., F.R.I.C. is appended:—

“ During the year ending December 31st, 1949, I received 241 samples taken under the Sale of Food & Drugs Act. Of these, 27 samples were found to be adulterated, showing a percentage adulteration of 11.2 which is less than the corresponding figure of 12.7 per cent in the previous year. The Tables attached to this report give the details of all samples found to be adulterated or irregular. The figures for adulterated samples do not include ice-cream, the standards for which have not yet been legalised. Thirty-nine of the samples taken consisted of milk, four being Channel Island milk. Three of the latter were adulterated, being below the standard of 4 per cent Fat required by the Milk (Control & Maximum Prices, Great Britain) Order, 1947. The average composition of all milk samples taken during the year was:—

Fats	...	...	...	...	3.57 per cent.
Solids not fat			...	...	8.93 per cent.

which is very satisfactory.

"Forty samples of ice-cream were submitted for chemical analysis. The standard of fat proposed by the Ministry of Food is not less than 2.5 per cent. Eight of these samples failed to comply with this limit.

"Sampling of ice-cream was not commenced until the end of May, and it is worthy of note that during the last quarter of the year there was a very great improvement in the fat content, no sample falling below 3.9 per cent, and all the samples with the high percentages of fat occurred during this period, probably as a direct result of periodic sampling.

"Two out of three of the samples of sausages taken were deficient in meat, being 38 and 48 per cent deficient respectively.

"Of the five samples of Baking and Golden Raising Powder only one was genuine, all the remainder being deficient in available Carbon Dioxide.

"Three samples were rejected as unfit for human consumption on account of fermentation and the presence of weevils. They consisted of (1) Salad Cream, (2) Macaroni, and (3) Pickling Spice.

"Twelve of the samples of drugs out of a total of 44 were adulterated or irregular, this represents a high percentage of adulteration, i.e. 27.3 per cent.

"Three of these were Glauber's Salt, which were low in water content. This is an article which should be sold in airtight containers, as it is liable to lose water, due to efflorescence, on exposure to air.

"Two samples of Zinc Ointment were deficient in Zinc Oxide, the informal one being 11.9 per cent and the corresponding formal one being 20.1 per cent deficient.

"Of the six samples of Castor Oil, three failed to comply with B.P. tests, probably due to their being of an inferior quality.

"The remaining adulterated samples included two samples of Compound Liquorice Powder and one Paregoric, all being deficient in essential ingredients, undoubtedly due to careless dispensing.

"During the year I also received a number of special samples for examination as to their fitness for human consumption.

"Two samples of uncooked meat and sausage meat sent for urgent examination were found to be unfit for human consumption on account of contamination with ammonia gas, probably due to faulty refrigeration.

"Samples of ice lollies were submitted in connection with a case of suspected poisoning of school children. These were found to contain dangerous amounts of tin and copper, arising through

manufacture in corroded formers. A further sample taken after the copper former had been re-tinned was satisfactory. Owing to the acid nature of this article, it is essential that all containers used during the course of manufacture should be of heavily tinned metal, or, preferably, rubber.

“ During the year, a number of new orders concerning food have come into force, and for convenience, those which chiefly concern the working of the Food & Drugs Act are listed in a separate Table. The most important of these are the order prohibiting the use of Mineral Oils in foods, and the introduction of certain standards for Curry Powder, Tomato Ketchup, Table Jellies and Preserves. These and other standards which have already been issued by the Ministry of Food mark a definite advance in the working of the Sale of Food & Drugs Act.

“ ARTHUR S. CARLOS, *Public Analyst.*”

Samples taken for analysis under the Food and Drugs Act.

	Formal	Informal	Total	Genuine	Adulterated
Foods					
Almond Paste Substitute	—	1	1	1	—
Apple Puree	—	2	2	2	—
Arrowroot	—	2	2	2	—
Baking Powder	—	2	2	1	1
Beef & Yeast Extract	—	1	1	1	—
Beer	1	—	1	1	—
Butter	—	2	2	2	—
Cake	—	1	1	1	—
Cake Flour Mixture	—	4	4	4	—
Cereoca	—	1	1	1	—
Cheese	—	2	2	2	—
Christmas Pudding	—	1	1	1	—
Cinnamon, ground	—	3	3	3	—
Cloves, ground	—	1	1	1	—
Cocoa	—	2	2	2	—
Condensed Milk	—	3	3	3	—
Confectionery	—	1	1	1	—
Cornflour	—	1	1	1	—
Curry Powder	—	2	2	2	—
Custard & Dessert Powders	—	6	6	6	—
Dried Fruits	—	2	2	2	—
Fat, Sweetened	—	1	1	1	—
Fat, Cooking	—	2	2	2	—
Flour	—	1	1	1	—
Flour, S.R.	1	1	2	—	2
Gelatine Powder	—	1	1	1	—
Ginger, ground	—	6	6	6	—
Ginger Bun Flour	—	1	1	1	—
Ginger Wine Essence	—	1	1	1	—
Golden Raising Powder	—	4	4	1	3
Ice Cream	—	59	59	59	—
Ice Lollies	—	2	2	2	—
Lemonade Crystals	—	4	4	4	—
Macaroni	—	1	1	—	1
Margarine	—	2	2	2	—
Milk	39	1	40	40	—
Milk, Channel Island	4	—	4	1	3
Mincemeat	—	1	1	—	1
Mint Sauce	—	1	1	1	—
Mixed Spice	—	2	2	2	—
Mixed Pickling Spice	—	1	1	—	1
Mustard	—	3	3	3	—
Nutmeg, ground	—	1	1	1	—
Paste	—	17	17	17	—

Samples taken for analysis under the Food and Drugs Act—contd.

	Formal	Informal	Total	Genuine	Adulterated
Foods					
Pepper	—	3	3	3	—
Rennet, Essence of	—	1	1	1	—
Rice	—	1	1	1	—
Saccharin	—	2	2	2	—
Salad Cream	—	3	3	2	1
Sauce	—	1	1	1	—
Sandwich Spread	—	1	1	1	—
Sausages, Beef	3	—	3	1	2
Soup Powder	—	2	2	2	—
Sugar, Granulated	—	2	2	2	—
Table Jellies	—	4	4	4	—
Tea	—	2	2	2	—
Thyme	—	1	1	1	—
Tomato Cocktail	—	1	1	1	—
Tomato Ketchup	—	1	1	1	—
Vinegar, Malt	—	3	3	3	—
Vinegar, Tarragon	—	1	1	1	—
Vitacrunch	—	1	1	1	—
Whisky	2	—	2	2	—
Soft Drinks					
Ginger Ale	—	1	1	1	—
Grape Fruit Squash	—	1	1	1	—
Lemonade	—	1	1	1	—
Lemon Barley	—	1	1	1	—
Limeade	—	2	2	2	—
Orange Squash	—	1	1	1	—
Orangeade	—	1	1	1	—
Drugs					
Balsam of Aniseed	—	1	1	—	1
Boric Acid	—	2	2	2	—
Camphorated Oil	—	2	2	2	—
Castor Oil	1	5	6	3	3
Compound Liquorice Powder	1	3	4	2	2
Compound Syrup of Hypophosphates	—	1	1	1	—
Cream of Tartar	—	3	3	3	—
Epsom Salts	—	3	3	3	—
Glaubers Salts	1	2	3	—	3
Glycerine	—	1	1	1	—
Glycerine of Thymol	—	1	1	1	—
Olive Oil	—	2	2	2	—
Paregoric	—	1	1	—	1
Sodium Bicarbonate	—	9	9	9	—
Sulphur, Flowers of	—	3	3	3	—
Tartaric Acid	—	1	1	1	—
Zinc Ointment	1	4	5	3	2
TOTAL	54	235	289	262	27

Samples taken under the sake of Food and Drugs Act during 1949 and found to be Adulterated or irregular.

66

No.	Sample	Formal or Informal	Nature of Adulteration	Action taken
E.70 B.60 B.73 B.74	Baking Powder ... Golden Raising Powder ... " " " " " "	I. I. I. F.	33% deficient in available Carbon Dioxide 12.2% " " " 12.7% " " " 14.5% " " "	Old stock — stock surrendered Formal sample taken (B.74). Formal sample taken (B.74). Vendor cautioned. Method of packing taken up with manufacturer. Old stock — stock surrendered
A.6	Macaroni ...	I.	Contained weevils; unfit for human consumption ...	
A.18	Milk, Channel Island	F.	Butter Fat 3.6 instead of 4% ...	Referred to Ministry of Food.
A.34	" " "	F.	" " 3.8 " ...	Referred to Ministry of Food.
A.53	" " "	F.	" " 3.34 " ...	Referred to Ministry of Food.
A.73	Mincemeat ...	I.	Soluble Solids 50.16% Minimum 65% ...	Formal sample taken in 1950.
B.62	Mixed Pickling Spice	I.	Attacked by weevils ...	Old stock — stock surrendered
A.60	Salad Cream ...	I.	Fermented: Unfit for human consumption ...	Vendor cautioned — last of stock.
A.38	Sausages, beef	F.	48% deficient in meat ...	Vendor cautioned. Circular letter to trade.
A.40	" " "	F.	38% " " " ...	Vendor cautioned. Circular letter to trade.
E.40 E.41	Self Raising Flour ... " " "	I. F.	75% deficient available Carbon Dioxide ... 55% " " " ...	Formal sample taken (E.41). No action — not sold as self-raising flour.
Drugs E.55	Balsam of Aniseed ...	I.	Fails to conform with formula on label ...	No action considered necessary.
B.15	Castor Oil ...	I.	Acid Value 7.84; Iodine 80 ...	Formal sample taken (B.23).
B.21	" " "	I.	Acid Value 7.96 ...	Formal sample taken (B.23).
B.23	" " "	F.	Acid Value 5.26 ...	Vendor cautioned.
A.5	Compound Liquorice Powder	I.	16% deficient in Sulphur ...	Formal sample taken (A.15).
A.15	" " "	F.	Incorrectly dispensed ...	Vendor cautioned

Samples taken under the sale of Food and Drugs Act during 1949 and found to be Adulterated or irregular—contd.

No.	Sample	Formal or Informal	Nature of Adulteration	Action taken
B.9	Glauber's Salt	I.	Loss on drying 29.14% equivalent Glauber Salt content 158.9	Formal sample taken (B.22).
B.22	" "	F.	Loss on drying 13.73% equivalent Glauber Salt content 193.92	Vendor cautioned. Method of packing taken up with manu- facturer.
B.52	" "	I.	Loss on drying 44.5% equivalent Glauber Salt content 125.6%	" "
E.65	Paregoric	I.	75% deficiency in Morphine	Formal sample taken in 1950.
E.39	Zinc Ointment	I.	11.9% deficiency in Zinc Oxide	Formal sample taken (E.59).
E.59	" "	F.	20.1% " " " "	Vendor prosecuted — war- ranty proved. Stock with- drawn and destroyed.

ORDERS ISSUED DURING 1949 CONCERNING FOOD & DRUGS ACT

Order	Title
1949 S.I. No. 762	Coffee Essence (Amendment) Order.
,, S.I. No. 1816	Curry Powder Order.
,, S.I. No. 2460	Edible Gelatine Order.
,, S.I. No. 1161	Labelling of Food (Amendment) Order.
,, S.I. No. 1536	Labelling of Food (Amendment No. 2) Order.
,, S.I. No. 1303	Meat Products & Canned Meat (Amendment No. 2) Order.
,, S.I. No. 614	Mineral Oil in Foods Order.
,, S.I. No. 1893	Preserves (Amendment) Order.
,, S.I. No. 701	Table Jellies (Amendment) Order.
,, S.I. No. 1656	Table Jellies Order.
,, S.I. No. 1817	Tomato Ketchup Order.

SECTION F

**PREVALENCE OF, AND CONTROL OVER, INFECTIOUS
AND OTHER DISEASES**

It is the duty of the Medical Officer of Health of a Sanitary Authority to enquire into and advise his Authority on the adequacy of the arrangements in the district for the isolation and treatment of infectious diseases. Although he is responsible for the investigation and control of outbreaks of infectious diseases in his district, a Medical Officer of Health has no statutory responsibility for the clinical diagnosis of any case of suspected infectious disease.

Under the National Health Service Act, 1946, the Borough Infectious Diseases Hospital which received patients from Poole and East Dorset passed, on the 5th July, 1948, to the South-West Metropolitan Regional Hospital Board, and the Medical Officer of Health, Poole, as such, was no longer responsible for the administration of the Hospital or the treatment of the patients admitted. The administration of the Infectious Diseases Hospital became the responsibility of the Bournemouth and East Dorset Hospital Management Committee, and the treatment of the patients the responsibility of visiting physicians appointed by the Regional Hospital Board.

I myself have carried out clinical duties at this hospital since 1929 (and my Deputy since 1942) and, by our grading by the Regional Hospital Board as Consultant Physician in Infectious Diseases and Senior Hospital Medical Officer respectively, continuity of clinical care and close association of the preventive with the diagnostic and curative services in relation to infectious diseases have been preserved, to the mutual advantage of the Local Authorities and the Hospital Service. Effective liaison and co-operation have been maintained with the Medical Officers of Health of Bournemouth, Christchurch and the surrounding districts in East Dorset and West Hants served by the Hospital.

During 1949 there were no deaths from diphtheria, scarlet fever, whooping cough, measles, infantile diarrhoea, puerperal sepsis or the enteric group of fevers.

Diphtheria

In 1949 there was only one mild case of diphtheria. This disease, which formerly was a grave menace to child life, has virtually disappeared from the borough. This gratifying result is in the main due to the immunisation of the child population against the disease, which has been assiduously practised since 1929. At the Annual Meeting of the British Medical Association, Belfast, 1937, in an address on

Diphtheria Immunisation to the Section of Hygiene and Public Health, I concluded my paper with the following statement:—

“ With a general extension of the practice of active immunisation to the whole child community, this country could in a generation remove diphtheria from its place among the deadly diseases of childhood. Nearly seventeen hundred years elapsed between the recognition in the second century of diphtheria as a clinical entity, and the completion of the clinical picture of the disease in the early days of the nineteenth century. Another hundred years passed before the early results of active immunisation showed the world that the conquest of the disease was in sight. Will another hundred years be allowed to elapse before its elimination by active immunisation is an accomplished fact?”

Perhaps one may be allowed now to comment that, at any rate for the present, diphtheria has been eliminated in Poole, but a warning is necessary. Eternal vigilance and continuous immunisation of the child population is essential if this enemy of the children is to be held in check.

The incidence of this disease and its death rate since 1907 are shown below:—

Year	Notification	Deaths	Year	Notification	Deaths
1907	1.50	.58	1929	4.25	.26
1908	1.39	.24	1930	3.38	.15
1909	.89	.19	1931	1.55	.06
1910	2.07	.19	1932	.94	.02
1911	1.25	.23	1933	.19	.02
1912	1.70	.47	1934	.13	—
1913	1.21	.28	1935	.27	.04
1914	1.57	.17	1936	.29	.05
1915	.77	.12	1937	.16	.03
1916	1.06	.12	1938	.16	—
1917	1.06	.18	1939	.40	.04
1918	1.11	.17	1940	.56	—
1919	1.87	.10	1941	.18	.06
1920	3.25	.02	1942	1.06	.13
1921	1.52	.08	1943	.60	.13
1922	.60	.05	1944	.61	.03
1923	.11	—	1945	.15	.01
1924	.46	.03	1946	.10	.02
1925	.76	.05	1947	.06	—
1926	.26	—	1948	.01	—
1927	.04	—	1949	.01	—
1928	.85	.02			

Measles

Measles became a notifiable disease in 1940, in which year there was a major outbreak in the borough, 1694 cases being notified. In 1949 there was again a major outbreak, 1134 cases being notified; no deaths were recorded. The following table indicates that this disease tends to follow a biennial rhythm.

Year	Number of Cases of measles	Year	Number of cases of measles
1940	1694	1945	293
1941	326	1946	533
1942	736	1947	882
1943	353	1948	528
1944	725	1949	1134

Whooping Cough

The incidence was comparatively low during 1949, only 147 cases being notified compared with 481 cases in 1948. The number in 1948 was the highest since notification began in 1940. There were no deaths.

Poliomyelitis

The past few years have seen a marked increase in the incidence of this disease in Poole. During the twenty years 1930 to 1949 there were 69 cases notified, of which no less than 57 occurred in the five years 1945 to 1949. In the preceding fifteen years there were only 12 cases.

Poliomyelitis was made notifiable in 1912 but until 1945 it was not a common disease. In the latter half of 1947 it became pandemic in England and Wales, and in Poole there were 15 cases with 3 deaths. In 1948 there were 4 cases, but in 1949 a sharp outbreak occurred, 31 cases being notified in the borough with two deaths, both adults. The disease first showed itself in the districts surrounding Poole late in July, but it was not until the first week of September that the first case occurred in the borough. Thereafter cases kept cropping up until the end of the year.

The disease seems to follow a seasonal curve, starting in mid-summer, reaching a maximum incidence in the early autumn and thereafter falling to a low level in late winter.

The name "infantile paralysis" is a misnomer, as there has been a shift in the age incidence from the under fives to the older children and young adults. In fact it is in the latter group that the majority of the dangerous and often fatal bulbo-spinal cases occur.

In the 12 cases which occurred in the 15 years 1930 to 1944, 5 cases were in children under 5 years of age, 5 in the age group 5 to 15,

and 2 in the age group 15 to 20. In the 31 cases which occurred in 1949, 6 cases were under 5, 10 in the age group 5 to 15, 7 were in the age group 15 to 20 and 8 were adults over 20.

Formerly the virus of poliomyelitis was regarded as being droplet-borne, like many other virus infections, but of recent years, since the discovery that the virus can be isolated from the faeces of convalescent patients, the probability of its being conveyed by food contaminated with specifically infected human excreta or by sewage containing the virus is being considered. The possibility of chronic intestinal carriers playing a part in the seasonal rise and fall of the disease should not be overlooked. The maxim of the Central Council for Health Education, "Now Wash Your Hands, Please", may well become the key-note in our efforts to control the spread of poliomyelitis.

No satisfactory explanation of the marked increase in the incidence of poliomyelitis of recent years in this country has been forthcoming, but the answer may be found among the following alternatives :

1. The loss by the community to some extent of its immunity to the indigenous virus;
2. An increase in the virulence of the "native" virus;
3. The introduction of a new exotic strain of virus to which the community has yet to become immune.

When cases of poliomyelitis are occurring in a community the number of sub-clinical infections far exceeds the number of overt cases.

It is probable that for every 100 persons infected with the virus of poliomyelitis only one shows appreciable clinical evidence of infection.

Notifications and Deaths in England and Wales of Poliomyelitis and Polioencephalitis

<i>Year</i>	<i>Cases</i>	<i>Deaths</i>
1944	526	109
1945	853	139
1946	673	128
1947	7766	707
1948	1848	241

Tuberculosis

Up to the 5th July, 1948, the Medical Officer of Health of the County of Dorset was responsible for the county scheme for the diagnosis and treatment of tuberculosis. This, however, did not affect the powers and duties imposed on the Medical Officer of Health of a borough by the Tuberculosis Regulations. From the 5th July the diagnosis and treatment of tuberculosis became the responsibility

of the Regional Hospital Board, Chest Physicians being appointed, but the Medical Officer of Health of the borough is still responsible for taking what steps he can to prevent and control this disease.

The disease has shown an increased incidence throughout the country during the war and post-war years. The housing shortage with its unavoidable overcrowding and the shortage of hospital beds for highly infective and incurable cases have been the main contributing factors in the increased incidence. Because tuberculosis, unlike the majority of other communicable diseases, is a slow infection which may not declare itself in an acute form for several years after the initial infection, there is a certain complacency in dealing with it as a preventible infectious disease. When the community has been taught that tuberculosis is an infectious disease which can be prevented, an educated public opinion will insist that a greater effort is made to secure its prevention.

In this connection, the fullest use should be made of the facilities offered by the Mass Radiography Units, as if this disease is detected in its early stages full recovery is more certain and the danger from undetected cases is reduced. It is hoped that in the near future a Mass Radiography Unit will be stationed in the area of the Bournemouth and East Dorset Hospital Management Committee.

In the following Tables particulars are given of the position regarding the incidence of the disease in recent years.

	First Notifications		Formerly notified new residents		Deaths	
	Pulmonary	Other Forms	Pulmonary	Other Forms	Pulmonary	Other Forms
1925	59	18	12	1	33	6
1930	61	14	3	1	48	6
1935	47	14	12	—	52	3
1940	47	13	15	—	39	11
1941	53	10	14	—	42	5
1942	55	10	8	1	38	4
1943	55	17	12	1	34	2
1944	73	27	20	2	45	6
1945	49	11	27	2	37	5
1946	65	11	31	6	47	8
1947	87	11	37	2	40	3
1948	56	11	20	5	35	3
1949	55	10	37	—	22	1

For the year under review, the details are as follows :—

Age Period	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0-	—	—	—	—	—	—	—	—
1-	1	1	1	1	—	—	—	—
5-	2	1	2	3	—	—	—	—
15-	11	7	—	—	—	3	—	1
25-	5	2	1	1	1	4	—	—
35-	1	3	—	—	2	3	—	—
45-	6	3	1	—	1	1	—	—
55-	7	2	—	—	2	1	—	—
65 & upwards	3	—	—	—	4	—	—	—
Totals	36	19	5	5	10	12	—	1

Of the deaths from the respiratory form :—

7	had been notified during	1949	3	had been notified during	1944
5	" " " "	1948	2	" " " "	1943
2	" " " "	1947	1	" " " "	1941
1	" " " "	1946	1	" " " "	1936

The 1 non-pulmonary death was due to tuberculosis of the spine.

**CASES ADMITTED TO ALDERNEY I.D. HOSPITAL
FROM POOLE BOROUGH DURING 1949**

Amoebic Hepatitis ...	...	...	...	1	
Anterior Poliomyelitis ...	...	...	...	33	
Bronchitis ...	...	...	...	2	
Cellulitis ...	...	...	...	1	
Drug Rash ...	...	...	...	1	
Diphtheria ...	...	...	...	1	
Diphtheria Carrier ...	...	...	...	1	
Dysentery (bacillary) ...	...	...	...	1	
Encephalitis ...	...	...	...	1	
Enteritis ...	...	...	...	4	
Erysipelas ...	...	...	...	2	
Gastro-Enteritis ...	...	...	...	5	
Influenza & Pneumonia ...	...	...	...	2	
Impetigo ...	...	...	...	1	
Measles ...	...	...	...	22	
Meningism ...	...	...	...	1	
Meningococcal Meningitis ...	...	...	...	2	
Parotitis ...	...	...	...	3	
Pneumonia ...	...	...	...	6	
Puerperal Pyrexia ...	...	...	...	8	(+8 Babies)
Pyelitis ...	...	...	...	1	
Rheumatic Fever ...	...	...	...	2	
Rubella ...	...	...	...	1	
Scarlet Fever ...	...	...	...	33	
Tonsillitis ...	...	...	...	13	
Tuberculosis, pulmonary ...	...	...	...	1	
Whooping Cough ...	...	...	...	5	
N.A.D. ...	...	...	...	2	
Total ...				156	

CASES OF INFECTIOUS DISEASES NOTED DURING 1949

Disease	At all ages	Under 1 year	1-2 years	2-3 years	3-4 years	4-5 years	5-10 years	10-15 years	15-20 years	20-35 years	35-45 years	45-65 years	65 years and over
Measles ...	1134	44	98	161	162	183	441	20	5	10	4	6	—
Whooping Cough ...	147	11	17	25	24	14	47	4	—	2	2	—	—
Scarlet Fever ...	49	—	1	6	4	9	24	3	2	—	—	—	—
Pneumonia ...	41	1	—	2	—	—	5	3	1	5	9	10	5
Puerperal Pyrexia ...	17	—	—	—	—	—	—	—	3	10	4	7	3
Erysipelas ...	14	—	—	—	—	—	—	1	—	—	2	—	2
Tuberculosis ...	88	—	—	6	—	2	2	5	9	29	8	25	—
Poliomyelitis ...	31	2	1	2	—	1	6	—	2	6	1	—	—
Dysentery ...	4	—	—	—	—	—	—	—	—	1	—	—	—
Diphtheria ...	1	—	—	—	—	—	—	—	—	—	—	—	—
Ophth. Neonatorum ...	1	1	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection ...	6	—	3	—	—	—	2	—	1	—	—	—	—
Gastro-Enteritis ...	2	1	1	—	—	—	—	—	—	—	—	—	—
Food Poisoning ...	2	—	—	—	—	—	—	—	—	—	1	—	—
Encephalitis ...	1	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL ...	1538	60	121	022	190	209	527	41	30	64	32	50	12

BOROUGH OF POOLE



ANNUAL REPORT

of the

Port Medical Officer

On the Health of the Port of Poole

FOR THE YEAR

1949

PART II**HEALTH COMMITTEE, 1949**
(acting as the Port Health Authority)*Chairman :*

Alderman D. A. HAYNES, J.P.

Vice-Chairman :

Councillor F. V. CRAWSHAW

Aldermen :

S. D. BALLAM J. BRIGHT, J.P.

Councillars :

F. BRASINGTON

W. H. COLE

Mrs. E. M. HICKINSON, J.P.

Miss M. M. LLEWELLIN, J.P.

C. M. NORMAN

J. W. RUSSELL, J.P.

S. R. RUTTER

Miss J. WHEATLEY

OFFICERS OF THE AUTHORITY*Clerk to the Port Health Authority :*

WILSON KENYON, Town Clerk

Medical Officer of Health :

GEORGE CHESNEY, M.D., D.P.H.

Deputy Medical Officer of Health :

JAMES A. SINCLAIR. M.B., D.P.H.

Port Health Inspector :

ROBERT LEGGAT, F.S.I.A.

Deputy Port Health Inspector :

C. A. TRIM, Cert. R.S.I.

Radent Officer :

G. W. SKEGGS

Office Clerk :

Miss E. I. TAPPER

PREFACE

To the Chairman and Members of the Health Committee, acting as the Port Health Authority.

I submit for your information and consideration my Report for the year 1949. It is made in accordance with the regulations of the Ministry of Health, which prescribe the duties of the Medical Officer of Health, and with Ministry of Health Memorandum 302/S.A. dated December, 1946, and Circular 104/49, dated 15th November, 1949.

Constitution of the Port Health Authority

The Port was permanently constituted a Port Sanitary Authority by an order of the Local Government Board dated 21st September, 1887, and an amending order dated 27th February, 1909.

The Port Health Authority is the Mayor, Aldermen and Burgesses of the Borough, acting by the Council.

Ancient Limits of Jurisdiction, 1365-1609

On the 26th April, 1365, the Barons of Winchelsey sent to the Mayor and Burgesses of Poole the Winchelsey Certificate which clearly defined the maritime jurisdiction of the port which was known in those days as "the Haven of the Pole".

Bernard Short, the Borough Librarian, records: "It is clear to all who read this certificate that the people of Poole, in those early days, were keenly alive to their privileges. From time immemorial, down to the passing of the Municipal Corporations Act in 1835, Poole had always been favoured with an exempt admiralty jurisdiction, the Mayor being Admiral of the Port and President of the Admiralty Court."

In the "booke of admyrall courts" covering the period 1550 to 1834 there is a record of a court held in 1609 at which the jurors presented the following statement of the limits of Admiralty jurisdiction of the Port: "that the liberties, franchises and priviledges of this towne and poorte of Poole is knowne att this daye and from time to time before this days, whereof the memorie of man doth not know to the contrarie, is and begineth from a place called Shaggrogg, alias Shaggrocke, being about Russell poynte, and so goeth all alonge that channell yntill you come to North hauen poynte, and from the North hauen poynte as farre to sewaard as a humber barrell maie be seene and described in the sea."

The ceremony of the "Beating of the Water Bounds" of the Port is still carried out with due pageantry by the Admiral of the Port of Poole.

Limits of Jurisdiction, 1909

“The jurisdiction of the said Port Sanitary Authority shall extend to so much of the said Port of Poole as lies to the westward of a straight line drawn across the mouth of Poole Harbour from the easternmost point of North Haven to the easternmost point of South Haven ; together with the waters of the said port within such limits, and the place or places for the time being appointed as the Customs Boarding Station or Stations for such part of the said Port, and every other place for the time being appointed for the mooring or anchoring of ships for such part of the said Port, under any regulations for the prevention of the spread of diseases issued under the authority of the statutes in that behalf ; and the watersides of the District of the said Port Sanitary Authority constituted as aforesaid, and the docks, basins, harbours, creeks, rivers, channels, roads, bays and streams belonging to that part of the said Port for which such Authority is constituted as aforesaid.”

Poole Seaport

During 1949, 254 foreign craft with a tonnage of 25,518 entered the Port compared with 238 with a tonnage of 21,362 in 1948. There was a slight decrease in the coastwise traffic, 717 vessels with a tonnage of 194,616, compared with 743 vessels with a tonnage of 218,975 in 1948. I wish to thank the Customs Officers and the Harbour Master for their ready co-operation with the Port Health Staff during the year.

GEORGE CHESNEY,
Port Medical Officer.

August, 1950.

ANNUAL REPORT OF THE PORT MEDICAL OFFICER FOR THE YEAR 1949

The Medical Officer of Health of the Borough of Poole is also Port Medical Officer of Poole. He is assisted by the Deputy Medical Officer of Health, who is Deputy Port Medical Officer. The Senior Sanitary Inspector of the Borough is Port Health Inspector and is assisted by the Deputy Port Health Inspector. Close co-operation exists between the officers of H.M. Customs, the Harbour Master and the Port Medical Officers.

Poole is chiefly a cargo port, the majority of the vessels being engaged in the coastal transport of coal, oil and petrol, though there is also a regular traffic in timber from continental countries. During the summer the port is the base for pleasure steamers operating between the local seaside resorts but this is the only passenger traffic. Fishing is still carried on from the port, though only during the sprat season are landings heavy. The harbour is one of the great yachting centres of Britain, and the building, servicing and repair of yachts and other boats is one of the industries of the port.

The public quay accommodation consists of 3,000 feet frontage, i.e., Hamworthy Quay 500ft. at 15ft., low water ordinary tide

Town Quay	1000ft. at 16ft.	„	„	„	„
	1000ft. at 15 to 10ft.	„	„	„	„
	500ft. shallow berthing (for yachts)				

There are also some 2,500 feet of private wharves. Ships drawing 16 feet can enter the port at high tides.

All the public quays are serviced by railways. Unloading equipment consists of one 3-ton electric crane belonging to the Harbour Commissioners and two electric cranes, two steam cranes and three transporters belonging to private firms.

I. Amount of Shipping Entering the Port during the Year 1949

Table A

Class	Number	Tonnage	Number inspected by		Number reported to be defective	Number of vessels on which defects were remedied	Number of vessels on which defects were found and reported to Ministry of Transport Surveyors	Number of vessels reported as having the disease, during the voyage, infectious disease on board
			Medical Officer of Health	Sanitary Inspector				
Foreign								
Steamers ...	26	10472	1	15	3	3	Nil	Nil
* Motor ...	75	11853	4	47	—	—	—	—
Sailing ...	—	—	—	—	—	—	—	—
Fishing ...	—	—	—	—	—	—	—	—
Yachts ...	153	3193	—	2	—	—	—	—
Total Foreign	254	25518	5	64	3	3	—	—
Coastwise								
Steamers ...	286	130180	1	7	3	1	—	—
* Motor ...	431	64436	1	6	—	—	—	—
Sailing ...	—	—	—	—	—	—	—	—
Fishing ...	—	—	—	—	—	—	—	—
Total Coastwise	717	194616	2	13	3	1	—	—
Total Foreign and Coastwise	971	220134	7	77	6	4	—	—

* Includes mechanically propelled vessels other than steamers

II. Character of Trade of Port—

(a) There are no regular passenger services with other countries and the return for Table B (passenger traffic) is therefore "nil". During the summer passenger services are maintained between Poole, Bournemouth, Isle of Wight, Swanage and Weymouth.

(b) Cargo traffic — Imports from abroad were chiefly timber and fertilizer. The only exports were china clay. Coastal traffic was chiefly in coal and oil.

(c) The chief ports and places from which vessels arrive are the Channel Islands, near French ports, Antwerp, Rotterdam, Hamburg and the Baltic ports.

III Water Supply

The water supply for the port and shipping is that from the town mains. This is a softened, filtered and chlorinated water of high bacterial purity. The supply was sampled every two or three days throughout the year and every sample was reported as Class I — highly satisfactory. The water supply is delivered direct to ships from the mains on the Quay. During the year 6 samples of the water supplies from the main were taken for bacteriological examination from ships at the Quay and all were reported as Class I — highly satisfactory. One small private water boat was in use in the harbour during part of the summer for the supply of water to small yachts. One sample of the supply from this boat was taken and was reported as Class I.

IV. Port Health Regulations, 1933 and 1945

(1) Declarations of Health.

Supplies of the standard Declaration Forms are issued to the Harbour Master, the Customs Officers and the Pilots' Office. These are given by the first of these officers boarding ships to the Masters of ships on arrival within the harbour and returned to the Boarding Officer of the Customs, who forwards them immediately to the Port Medical Officer.

(2) Boarding of Vessels on arrival.

Vessels are boarded upon arrival by H.M. Customs Officers and arrangements have been made for the Boarding Officer to contact the Port Medical Officer immediately by 'phone in the case of inward vessels requiring special or immediate attention.

(3) Notifications of all ships arriving in the harbour are collected daily from the Harbour Master's Office for the use of the Port Medical Officer and the Port Health Inspectors.

(4) Mooring Stations.

A mooring station has been established at a point in the main channel, half way between Parkstone Shoal Light Buoy and Stakes

Buoy, just clear of shipping. If so directed by the Port Medical Officer, the Southern end of the New Quay, Hamworthy, can be used also.

(5) Detention of Ships and Persons.

There are no standing exemptions from the provisions of Article 14.

(6) Occasion has not arisen for the application of Article 16 (Restriction on boarding or leaving ships not free from control).

(7) Arrangements for Medical Inspections, Hospital Accommodation, Disinfection, etc.

(a) Special premises for medical examinations have not been provided at the seaport. Medical inspection rooms and waiting rooms, etc., are, however, available at all times at the Local Authority's Clinic close to the Quay.

(b) The cleansing and disinfection facilities (including steam disinfection and cleansing stations) of the Local Authority are available to the Port Health Authority at all times for the cleansing and disinfection of ships, persons and clothing, and other articles.

(c) Temporary accommodation of persons for whom such accommodation is required for the purposes of the Regulations is available at the Alderney Infectious Diseases Hospital.

(d) Hospital accommodation is reserved at the Crabwood Smallpox Hospital, Winchester, for cases of smallpox. Other infectious diseases are treated at the Alderney Infectious Diseases Hospital, Poole.

(e) The full-time Ambulance Service of the Local Health Authority (Dorset County Council) is available at all times.

(f) Supervision of contacts. Infectious diseases contacts proceeding home are provided with notification postcards for use if required and immediate notification sent to the Medical Officer of the district to which they are proceeding.

(8) and (9) Facilities for Bacteriological Examinations.

One of the constituent laboratories of the Public Health Laboratory Service of the Medical Research Council is located in Poole and provides facilities for routine and special bacteriological and pathological examinations, including the examination of rats for plague.

(10) Venereal Diseases.

Facilities for diagnosis and treatment for seamen suffering from Venereal Diseases are provided at two clinics, as follows :—

Poole General Hospital, Longfleet Road, Poole—Fridays, 5 p.m.

The Royal Victoria Hospital, Shelley Road, Boscombe—Wednesdays and Saturdays, 4.30 p.m.

Printed notices are made available for crews and display notices are also exhibited in suitable places in the vicinity of the Port.

(11) Arrangement for Interment of Dead.

Removal to Town Mortuary, where action is taken to secure burial.

(12) Cases of Infectious Sickness on Vessels.

No cases of infectious sickness were landed from vessels during the year and no cases occurred of a vessel having infectious sickness on board during a voyage to the Port. Tables C and D are therefore omitted.

V. Measures against Rodents

In November, 1949, Poole became an "Approved Port" for the issue of Deratisation and Deratisation Exemption Certificates in accordance with the provisions of Article 28 of the International Sanitary Convention, 1926 and henceforth Articles 19, 20 and 21 of the Port Health Regulations, 1933, will be enforced in the Port. Authority was received too late for any work to be carried out in 1949 and no certificates were issued before the end of the year. In the circumstances the return for Table "H" (omitted) is "nil".

During the Autumn both the Port Health Inspector and the Deputy Port Health Inspector attended courses of instruction in deratisation work and certificate procedure at the Port of Southampton in order to become familiar with the work involved.

The Rodent Control Staff (one Rodent Officer and three operatives) of the Local Authority are available for work in the Port and all warehouses etc., in the Port are included in the area of the Local Authority's rodent control scheme.

Measures taken in ships

Masters and crew are interrogated and crew's quarters, etc., examined for evidence of rats during routine inspections of ships by Port Health Inspectors. Where evidence is found or suspected, detailed examinations are made by the Rodent Officer and deratisation carried out by him. Methods used for small infestations are trapping and baiting (Ministry of Food systems). Fumigation by sulphur dioxide can also be carried out in small infestations, but large scale fumigations would be carried out by arrangement with fumigation specialist firms from Southampton or London.

During inspections ships' deratisation or deratisation exemption certificates are examined as a matter of routine. On 6 occasions these

certificates were found to be out of date but as the Port was not then an " Approved Port " no action could be taken other than to remind the masters that they must get their certificates renewed at the first " Approved Port " called at. In future the appropriate action will be taken here.

In only two instances were infestation of rats found on ships inspected in the port during the year. In each case baiting was carried out but the ships left before the results were known.

Measures taken on shore

Warehouses, etc., in the port area are surveyed yearly by the Rodent Control Staff of the Local Authority under their block control scheme and all infestations found dealt with. Methods used include trapping, baiting (Ministry of Food system) and gassing. Many of the warehouses in the Quay area are very old and difficult to rat-proof, but rat-proofing of premises, such as flour mills and grain stores, found to be subject to rat infestation, is an essential part of the block control system in force in the district.

Rats destroyed during the year.

Tables E, G and H (omitted) are "nil" returns.

Table F In Docks, Quays, Wharves and Warehouses

Number of Rats	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total in Year
Black	—	20	—	—	—	10	—	—	—	—	8	—	38
Brown	—	—	32	—	20	30	—	38	—	—	—	30	150
Species not recorded	—	—	—	—	—	—	—	—	—	—	—	—	—
Examined	—	—	—	—	—	1	—	—	—	2	2	—	5
Infected with Plague	—	—	—	—	—	—	—	—	—	—	—	—	—

VI. Hygiene of Crews' Spaces

Table J. Classification of Nuisances

<i>Nationality of Vessel</i>	<i>Number inspected during year</i>	<i>Defects of original construction</i>	<i>Structural defects through wear and tear</i>	<i>Dirt, vermin and other conditions prejudicial to health</i>
British ...	19	—	1	2
Other Nations	65	—	—	3

VII. Food Inspection

(1) Apart from potatoes from the Channel Islands there were no imports of foodstuffs.

(2) Shell-fish.—No oysters are being dredged in the Harbour. In his report to the Southern Sea Fisheries District Committee in October, 1949, the Chief Fisheries Officer said that the slipper limpet had practically wiped out the oyster industry in Poole Harbour. Mussels are practically extinct. Periwinkles are also seriously affected, either by the slipper limpet or by some other pest and takings had been poor. Cockles continue to be taken from the Harbour and in 1949 there appeared to be an increase in the takings.

During the year 8 sample batches of cockles were taken from different parts of the Harbour for bacteriological examination in the Public Health Laboratory, Poole, each batch consisted of from 6 to 9 cockles. The results were :—

<i>No. of Samples</i>	<i>Results</i>
2	No faecal coli present.
1	Less than 1 faecal coli per ml.
1	1 faecal coli per ml.
2	2 faecal coli per ml.
1	5 faecal coli per ml.
1	Average of 156 faecal coli per ml.

VIII. Pollution of the Harbour

In the report for 1948 details were given of an instance of the poisoning of fish in the harbour by discharges from a chemical factory and of the action taken to deal with this. No further instances of poisoning of fish have been reported since, but concern has been expressed by the Southern Sea Fisheries District Committee at the possibility of a recurrence of the discharges and observations are being maintained.

ANNUAL REPORT

to the

Local Education Authority

on the

SCHOOL HEALTH SERVICES

in the

BOROUGH OF POOLE

FOR THE YEAR

1949

PART III

SCHOOL HEALTH SERVICE.

Report of the School Medical Officer for the year
1949.

COMMITTEE FOR EDUCATION, 1949

<i>Chairman :</i>	Alderman W. D. SIMMONDS, O.B.E.
<i>Vice-Chairman :</i>	Councillor Miss M. M. LLEWELLIN, J.P.
<i>His Worship the Mayor :</i>	Alderman A. B. HAYNES, J.P.

Aldermen :

S. D. BALLAM	J. BRIGHT, J.P.
A. J. DACOMBE, J.P.	D. A. HAYNES, J.P.
A. J. H. PEARCE	

Councillors :

H. C. R. BALLAM	G. S. BROWN, J.P.
E. J. BULL	W. T. HASKINS
E. A. R. HEBLEY	Mrs. E. M. HICKINSON, J.P.
A. LLOYD-ALLEN	A. R. W. PATTON
S. R. RUTTER	Miss J. WHEATLEY
S. M. WOODFORD	G. N. YEATMAN

County Council Members :

Eng. Commander R. H. BAKER	Mrs. M. CHAMPION
Mr. R. E. CHISMAN	Sir JOHN LEES, BART., D.S.O., M.C.

Co-opted Members :

The Rev. Canon H. BARTON	The Very Rev. Canon P. D. LEAHY
The Rev. W. DICKINSON	Mr. A. J. MARTIN

Teachers' Representatives :

Miss W. M. ALLEN	Mr. L. J. W. FRY
------------------	------------------

STAFF

<i>School Medical Officer :</i>	George Chesney, M.D., B.Ch., B.A.O., D.P.H.
<i>Deputy School Medical Officer :</i>	J. A. Sinclair, M.B., Ch.B., D.P.H.
<i>Assistant School Medical Officer :</i>	A. C. Mackenzie, M.D., Ch.B., D.P.H.
<i>Senior Dental Officer</i>	K. G. Hyland, L.D.S. (Resigned 30.4.49)
<i>Assistant Dental Officers :</i>	W. K. Rimmer, L.D.S., D.D.S. R. Allen, L.D.S.
<i>School Nurses (Health Visitors) :</i>	Miss. M. M. Kingsbury, S.R.N., S.C.M., H.V.C. (Superintendent Health Visitor and School Nurse) Mrs. M. Stapley, S.R.N., S.C.M., H.V.C. Miss I. Koster, S.R.N., S.C.M., H.V.C. Miss M. Phillips, S.R.N., S.C.M., H.V.C. Miss V. Kusel, S.R.N., S.C.M., H.V.C. Miss L. B. Lever, S.R.N., S.C.M., R.F.N. Mrs. V. Narbett, S.R.N., S.C.M., H.V.C. Miss. H. Brooks, S.R.N., S.C.M., H.V.C. Miss. M. Morris, S.R.N., S.C.M., H.V.C. Mrs. B. M. Davies, S.R.N., S.C.M., H.V.C. (appointed 1.2.49)
<i>Dental Attendants :</i>	Miss G. Forrest Miss R. Nicholls. Mrs. E. T. Mattinson
<i>Clerks :</i>	Mr. F. B. Edwards (Chief Clerk) ; Mr. C. A. Fox ; Miss P. Giles ; Miss P.H. Stevens ; Miss M. Watkins (appointed 24.1.49)
Medical Auxiliaries :	
* <i>Physiotherapist :</i>	Mrs. D. Beale, M.C.S.P.
* <i>Orthoptist :</i>	Miss D. Keelan, D.B.O. (resigned 30.4.49) Miss M. Dand, D.B.O. (appointed 1.5.49)
† <i>Speech Therapist :</i>	Miss N. O'Driscoll, L.C.S.T.
† <i>Oral Hygienist :</i>	Mrs. V. Murton (appointed 11.49)
† <i>Psychiatric Social Worker :</i>	Miss A. D. Filliter

With the introduction of the National Health Service Act on 5th July, 1948, the services of consultants became the responsibility of the South West Metropolitan Regional Hospital Board.

* Employed by Bournemouth Hospital Management Committee.

† Employed by Dorset County Council.

SCHOOLS.

Primary

There are in the Borough 22 Primary Schools, of which 14 are County Primary Schools, provided and maintained by the Local Education Authority, and 8 are Voluntary Primary Schools, of which 6 are provided by the Church of England and 2 by the Roman Catholic Church.

The immediate building programme includes three infant schools at Sylvan Road, Wimborne Road, Oakdale, and Herbert Avenue, each with accommodation for over 320 pupils.

Nursery Classes

There are 6 nursery classes, with accommodation for 180 children, attached to infant schools. The proposed schools at Sylvan Road and Wimborne Road, Oakdale, will each provide 60 nursery places.

Secondary Modern Schools

There are 6 Secondary Modern Schools in the Borough — 5 County and 1 Voluntary. The County schools are the Kemp-Welch Boys' and Girls', the Henry Harbin Boys' and Girls' schools and the Herbert Carter Mixed school. The Voluntary School is the Russell-Cotes Voluntary Boys' School.

Grammar Schools

There are 2 Grammar Schools in the Borough — Poole Grammar (Boys) and Parkstone Grammar (Girls).

Poole Art and Technical School

Full-time students at this school come under the care of the School Health Service.

Private Schools

Private schools do not come within the scope of the School Health Service, but under Section 78 of the Education Act of 1944 a Local Education Authority may make arrangements with the proprietor of such a school for the provision of certain ancillary services, including medical inspection and treatment.

There are 17 Private Schools in the Borough.

Accommodation

Average number on roll during 1949 :—

Grammar Schools	...	...	...	...	1323
Secondary Modern Schools	...	...	...	...	2702
Primary Schools	...	...	...	...	5910

Total 9935

Average attendances for year ending 31st December, 1949 :

Grammar Schools	...	...	...	...	1244
Secondary Modern Schools	...	...	...	...	2464
Primary Schools	...	...	...	...	5594

Total 9302

Open Air Teaching

There are no open air schools in the Borough and no special facilities exist, but schools take lessons in the open air when the weather is suitable. New schools are being constructed, as far as is practicable, on open air lines.

THE SCHOOL HEALTH SERVICE AND THE NATIONAL HEALTH SERVICE ACT

The year 1949 was the first full calendar year of the operation of the National Health Service. There were no changes from the previous six months in the general working arrangements of the School Health Service. The Local Education Authority's obligations under Section 48 (3) of the Education Act of 1944, which provides for the free medical treatment of school children, were carried out mainly through the facilities provided by the National Health Service. Only complaints of a minor nature were treated at the school clinics and in many cases even they had to be referred to the family doctor if a prescription was necessary. This, in the opinion of many school medical officers, is most unfortunate, as there is no doubt that many cases who do not require domiciliary treatment could be more adequately dealt with at the school clinic than in the crowded surgery of the general practitioner, if facilities for treatment existed. In many cases of course advice is all that is necessary and no treatment difficulties arise.

It has been suggested that school children found to be in need of specialist advice or treatment should be referred in the first instance to the family doctor and not direct to the appropriate specialist. Another suggestion is that the school medical officer, before referring a child to a specialist should inform the family doctor and give him the opportunity of expressing an opinion. Few school medical officers will agree with either of these suggestions which, if adopted, would have the effect of reducing the status of the school medical officer.

This problem of co-operation between the school medical officer and the family doctor could, in the opinion of many school medical officers, be more effectively dealt with by the school medical officer referring direct to the appropriate specialist all children whom he considers require specialist advice or treatment. The family doctor would be informed that this had been done and would receive copies of any reports received. This would prevent duplication of work and save the time of the family doctor, parents and school medical officers alike.

THE AIM OF THE SCHOOL HEALTH SERVICE

The School Health Service is primarily concerned with the care of the physical and mental health of the school child so that he is able to derive the greatest possible benefit from his education. Another major function of the School Health Service is the investigation and prevention of outbreaks of infectious and contagious disease.

Children are medically examined at regular periods during their school career. In this way defects or diseases may be discovered in their early stages when the chances of cure or improvement are optimal. Arrangements are made for the appropriate treatment to be carried out and these children are followed up at school or at the school clinics.

Co-ordination

As the School Medical Officer is Poole Area Medical Officer under the National Health Service Act and as such is associated with the Care of Mothers and Young Children, Health Visiting, Vaccination and Immunisation, Prevention of Illness, Care and After-care, and Mental Health, co-ordination and follow-up are greatly facilitated. As he is also Medical Officer of Health of the Borough and Consultant Physician at the Infectious Diseases Hospital, he is in a position to become aware at an early stage of any undue prevalence of infectious disease among school children and can initiate the necessary measures to deal with any outbreak.

The Work of the School Health Service

The work of the School Health Service may be summarised as follows :—

- (1) Routine and special inspection and re-inspection.
- (2) Examination of children for fitness for part-time employment.
- (3) Class by Class inspection by the school nurses.
- (4) Minor ailment clinics.
- (5) Special clinics.
- (6) Ascertainment and classification of handicapped pupils.
- (7) Investigation and control of infectious disease.
- (8) Diphtheria immunisation.
- (9) Dental inspection and treatment.
- (10) Hygiene and sanitation of school premises, including school kitchens and canteens.

MEDICAL INSPECTION

Routine Inspection

Section 49 of the Handicapped Pupils and School Health Service Regulations provides for the medical inspection at stated periods of pupils in attendance at every school, not being a Special School, maintained by the Local Education Authority. These inspections are conducted, where possible, on the school premises and parents are invited to be present. The following are the approved arrangements :—

- (a) Every pupil who is admitted for the first time to a maintained school is inspected as soon as possible after the date of admission.
- (b) Every pupil attending a maintained primary school is inspected during the last year of his attendance at such a school.
- (c) Every pupil attending a maintained secondary school is inspected during the last year of his attendance at such a school.
- (d) Every pupil attending a maintained school or county college is inspected on such other occasions as the Minister or the Authority with the approval of the Minister may determine.

If a child is found to be suffering from a defect, the parent is advised as to treatment or the child is referred for treatment to the family doctor, the appropriate clinic or the general hospital.

Special Inspections and Re-inspections

A child who has been found, at routine inspection, to be suffering from a defect is re-examined at intervals. Other "special" examinations are carried out at the request of the parent, the teacher or the school nurse. Such examinations may be carried out at a routine inspection or at an inspection arranged for that purpose.

Medical Records

The medical records of all children attending maintained schools in the Borough are centralised in the School Health Section of the Health Department. This facilitates arrangements for medical inspections and "following-up."

Result of Medical Inspection

During 1949, 4,107 children were examined at routine medical inspections. Of these 192 were nursery school children, 1,333 were entrants, 1,352 in the second age group, 427 were aged 13 - 14 years at Grammar Schools and 803 in the third age group.

Of the 4,107 children examined, 567 were found to require treatment for various conditions, exclusive of defective nutrition, verminous conditions and dental caries.

Defects found at School Medical Inspections

Defect or Disease (1)	Periodic Inspections		Special Inspections	
	No. of defects		No. of defects	
	Requiring treatment (2)	Requiring to be kept under observation but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation but not requiring treatment (5)
Skin ...	4	8	49	—
Eyes — (a) Vision ...	281	50	103	—
(b) Squint ...	24	2	4	—
(c) Other ...	24	8	97	—
Ears — (a) Hearing ...	4	2	—	1
(b) Otitis Media ...	2	1	16	—
(c) Other ...	1	5	170	—
Nose or Throat ...	30	103	157	1
Speech ...	12	11	9	—
Cervical Glands ...	—	11	50	—
Heart and Circulation ...	3	43	4	2
Lungs ...	4	124	2	3
Developmental — (a) Hernia ...	6	4	—	—
(b) Other ...	—	2	—	—
Orthopaedic — (a) Posture ...	28	57	102	11
(b) Flat foot ...	136	96	86	7
(c) Other ...	65	91	77	8
Nervous system — (a) Epilepsy ...	—	—	1	—
(b) Other ...	2	1	—	—
Psychological — (a) Development ...	—	—	13	—
(b) Stability ...	—	—	2	—
Other ...	8	112	766	4

1,904 special inspections and 849 re-inspections were carried out during the year.

General Condition

Three categories are used in the classification of a child's general condition :—

A — better than normal or “ good ”.

B — normal or “ fair ”.

C — below normal or “ poor ”.

The child's category is decided not only on a nutritional basis but also according to the presence or absence of defects.

Age Group	No. of pupils inspected	A Better than normal or Good		B Normal or Fair		C Below normal or Poor	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	1,333	149	11.2	1121	84.1	63	4.7
Second age group...	1,352	260	19.2	1055	78.1	37	2.7
Third age group ...	803	188	23.4	598	74.5	17	2.1
Other periodic inspections ...	619	228	36.8	378	61.1	13	2.1
TOTAL	4,107	825	20.1	3152	76.7	130	3.2

PART-TIME EMPLOYMENT OF SCHOOL CHILDREN

A Local Education Authority has power, under Section 59 of the Education Act, 1944, to prohibit or restrict the employment of a school child if it is considered that such employment would be prejudicial to his health or would otherwise render him unfit to derive full benefit from his education.

During 1949, 72 children were examined for fitness for employment ; 71 certificates of fitness were issued and 1 child was considered medically unfit for employment.

CLASS BY CLASS INSPECTION

At routine medical inspections, parents usually attempt to present their children in as clean a state as possible so that the presence of verminous conditions may easily be overlooked. Rapid general surveys are made periodically by the School Nurses with the object of detecting verminous conditions and the presence of contagious or infectious diseases.

During these rapid surveys 23,727 individual examinations were carried out. Children found to be suffering from infectious or contagious conditions or any other condition requiring medical attention were referred to the school clinic or the family doctor. 452 children were found to be infested with head lice and arrangements were made for their treatment at home, at a minor ailment clinic or, in severe or persistent cases, at the special cleansing centre.

MINOR AILMENT CLINICS

As a rule complaints of a minor nature only are treated at the minor ailment clinics. Children who require treatment outside the scope of the clinic are referred to their family doctor, the appropriate special clinic or to the general hospital.

Minor Ailment Clinics are held as follows :—

- (1) The School Clinic, 67 Market Street, Old Town—
school days at 9 a.m.
- (2) The School Clinic, Shillito Road, Parkstone—
school days at 9 a.m.
- (3) Hamworthy School—Tuesday and Friday at 9 a.m.
- (4) Henry Harbin School—Thursday at 11 a.m.
- (5) Broadstone Women's Institute—Thursday at 9 a.m.
- (6) Kemp Welch School—Monday and Friday at 9 a.m.

Attendances at Minor Ailment Clinics in 1949 were as follows :—

				<i>No. of children</i>	<i>No. of attendances</i>
Old Town	...	...	...	425	1518
Parkstone	...	...	...	768	2741
Hamworthy		...	...	498	3122
Broadstone	...	...	...	104	317
Henry Harbin School			...	164	423
Kemp Welch School			...	422	1851
				<hr/> 2381	<hr/> 9982

The following is a summary of defects found in children attending Minor Ailment Clinics during the year :—

Scabies	...	...	...	...	...	13
Impetigo	...	...	...	...	...	29
Other skin diseases	...	...	...	...	...	5
Eye Disease (External and other, but excluding errors of refraction, squint and cases admitted to hospital)	...	...	...	...	...	187
Ear Defects	...	...	...	...	...	190
Miscellaneous (e.g. minor injuries, bruises, sores, chilblains etc.)	...	...	...	...	...	2156
TOTAL						2580

SPECIAL CLINICS

If a child is found at school medical inspection or during attendance at a minor ailment clinic to be suffering from a defect requiring specialist advice and treatment he is referred either to the General Hospital or to the appropriate special clinic where the services of a specialist or qualified medical auxiliary are available.

The special clinics were as follows :—

Ophthalmic Clinic — "Torvaine," St. Peter's Road, Parkstone. Monday and Tuesday at 9.15 a.m.
Thursday at 2 p.m.

Orthoptic Clinic — "Torvaine," St. Peter's Road, Parkstone. Monday and Tuesday at 9.30 a.m. and 2 p.m.
Wednesday and Thursday at 9.30 a.m.

Orthopaedic Clinic — 67 Market Street, Poole.
Second Tuesday of each month at 2 p.m.

Child Guidance Clinic — The School Clinic, Shillito Road, Parkstone. Tuesday at 2 p.m.

Speech Clinic — "Torvaine," St. Peter's Road, Parkstone.
Friday at 10 a.m.

OPHTHALMIC AND ORTHOPTIC CLINICS

The Ophthalmic Specialist reports as follows :—

The number of children seen at the Eye Clinic was 1,251, which is approximately the same as last year. This includes 165 cases from districts outside Poole seen for the Dorset County Council.

Spectacles were prescribed or lenses changed in existing spectacles in 752 cases and there were 298 cases of squint. Many minor inflammatory conditions were treated and some more serious conditions including choroiditis, cataract, optic atrophy, and ophthalmoplegia interna due to polioencephalitis were seen.

However, I think the figures are deceptively small for the following reasons :—

When in November or December 1948 it became apparent that opticians would be quite unable to deal with the rush for spectacles, and that there were going to be delays of several months between examination and the supply of glasses to children, I ceased to send for any child for re-examination within a year, although under normal conditions of supply, many cases of myopia, particularly where it is progressive, should undoubtedly be seen more frequently, as we have always been able to do in the past. This has resulted in the figures of attendance for the year being considerably lower than would otherwise have been the case. I am afraid that it is quite likely that the numbers will increase considerably in the next year or two, but whereas in the past this could be met by having one or two extra clinics to catch up, it remains to be seen whether such a flexible state of affairs will exist under the new regime.

The Orthoptic Clinic has been greatly improved and there are now held six clinics per week, so that the very long waiting list is shrinking. So many children can now be dealt with that a waiting list for operations on the squinting child is developing. Some delay here is caused by the fact that although nominally there is accommodation at Poole General Hospital for these cases, in practice they can seldom be admitted because other non-ophthalmic cases are considered more urgent, and operations can be done only by the co-operation of surgeons outside the borough.

E. R. Bowes, M.D., B.S., D.O.M.S.

Orthopaedic Service

Orthopaedic defects in school children may be classed as major and minor. Minor defects such as mild flat feet, knock knees, faulty posture, etc., are usually treated by the School Medical Officer or treatment is carried out under his supervision either at the remedial clinic or at remedial classes held in schools. The County Remedial Organiser supervises the classes for postural defects held in the schools and arranges for suitable teachers to undergo special training to run these classes.

Major defects which require more specialised advice and treatment are referred to the Orthopaedic Surgeon who attends monthly at the orthopaedic clinic, where children are seen by appointment. Those requiring hospital treatment are admitted to the Lord Mayor Treloar Orthopaedic Hospital, Alton, which is a recognised school for physically handicapped pupils.

Severely crippled children who are unsuitable for attendance at an ordinary school may be admitted to special schools for the physically handicapped. In some cases, either because of difficulty in obtaining vacancies in suitable schools or in deference to the parents' wishes, arrangements are made for a supply teacher to visit the children in their own homes.

A remedial clinic is held in conjunction with the Surgeon's Clinic. Here massage, electrical treatment and remedial exercises are given under the supervision of a physiotherapist.

Table 1

Surgeon's Clinics during 1949	...	11
Cases seen for the first time	...	57
Cases seen on second or subsequent visits		204

Table 2 — Defects and Deformities

<i>Classification of Defects</i>	<i>Under treatment at end of 1948</i>	<i>New Cases in 1949</i>	<i>Transferred from M. & C.W.</i>	<i>TOTAL</i>	<i>Discharged by Surgeon</i>	<i>Discharged as Non-attenders</i>	<i>Left School</i>	<i>Left district</i>	<i>TOTAL</i>	<i>Remaining at end of 1949</i>
A. Congenital ...	13	6	—	19	5	—	2	—	7	12
B. Inflammatory ...	4	3	1	8	2	—	—	—	2	6
C. Traumatic and complications of trauma ...	4	7	—	11	8	1	1	—	10	1
D. Paralysis ...	15	—	—	15	1	—	1	—	2	13
E. Acquired ...	41	36	4	81	32	4	3	2	41	40
F. Diseases of Bone ...	4	2	—	6	1	—	—	—	1	5
G. Other orthopaedic defects not included above	—	—	—	—	—	—	—	—	—	—
H. No orthopaedic defect	—	3	—	3	3	—	—	—	3	—
	81	57	5	143	52	5	7	2	66	77

Table 3 — Hospital Cases

<i>Patients in Alton at end of 1948</i>	<i>Patients admitted during 1949</i>	<i>Patients discharged during 1949</i>	<i>Patients remaining at end of 1949</i>
1	7	8	0

Table 4 — Physiotherapy

<i>Massage and remedial Exercises</i>			<i>Electrical Treatment</i>		
<i>No. of children treated</i>	<i>Na. of attendances</i>	<i>Na. of Sessions</i>	<i>Na. of children treated</i>	<i>Na. of attendances</i>	<i>Na. of Sessions</i>
79	1557	125	18	232	95

Child Guidance Clinic

The Child Guidance Clinic was held weekly on Tuesdays at "Torvaine," St. Peter's Road, Parkstone, and was attended by a psychiatrist and a social worker until it was discontinued on 29th August, 1949, owing to the resignation of the psychiatrist. Children suffering from psychological disturbances or social maladjustment as shown by thieving, habitual truancy, phobias and neuroses of various kinds were referred for treatment. 29 sessions were held and 51 children attended for treatment. The total number of attendances was 165.

Speech Clinic

The County Speech Therapist reports as follows :—

During 1949, 32 children attended the speech clinic ; of these 9 were discharged recovered ; 1 discharged provisionally ; 2 discharged on leaving school ; 2 were referred for other treatment and 1 was discharged as a persistent absentee. The percentage of children who recovered was approximately 28.12. Tests were given to 10 children and 4 of the local schools were visited.

It has been clear for some time that two sessions per week could not satisfy the demand for speech therapy in Poole ; therefore in April the County Education Authority appointed a second Speech Therapist and Poole is to receive in the near future two, or if possible, three extra sessions.

During 1949 the clinic dealt with two children suffering from the effects of congenital cleft palate. This distressing deformity is initially treated by a surgeon but after the repair is complete the patient is referred to the Speech Clinic so that he may learn to use muscles which he has not before been able to employ. A great many breathing and blowing exercises are necessary and a visitor to the session would probably find the patients making bubbles or playing blow-football as both these simple games provide valuable training. Work on the articulatory disability is more fatiguing and unfortunately less amusing but both the children are intelligent and the prognosis may be said to be good.

HANDICAPPED PUPILS.

Handicapped pupils are defined in the Handicapped Pupils and School Health Service Regulations, 1945, as pupils who require special educational treatment.

The several categories of pupils requiring special educational treatment are :—

- | | |
|-----------------------|--|
| (a) Blind | (g) Educationally sub-normal |
| (b) Partially sighted | (h) Epileptic |
| (c) Deaf | (i) Maladjusted |
| (d) Partially deaf | (j) Physically handicapped |
| (e) Delicate | (k) Pupils suffering from speech defects |
| (f) Diabetic | |

Special educational treatment does not necessarily mean education in a special school. A large number of the less seriously handicapped pupils can be educated in ordinary schools under special arrangements. The more seriously handicapped require education in special schools, either day or boarding. There are no special day schools in the Poole area and boarding school accommodation throughout the country is greatly limited, especially for educationally sub-normal and maladjusted pupils. Consequently several years may elapse following examination and classification before an educationally sub-normal or maladjusted pupil is admitted to a suitable school.

Every blind, deaf, physically handicapped, epileptic or aphasic pupil must be educated in a special school, and in the case of a blind or epileptic child the school must be a boarding school.

A handicapped child of any other category may be educated in an ordinary school if special educational treatment suitable to his needs can be provided at such a school and provided also that his presence is not detrimental to the interests of the other pupils.

Mentally Handicapped Pupils

	Boys	Girls	Total
Number of children examined and reported on...	8	8	16
Classification—			
Normal Intelligence	3	—	3
Educationally subnormal	5	6	11
Ineducable	—	2	2
Recommended for education in ordinary school	3	—	3
Recommended for education in a special class ...	3	2	5
Recommended for education in a special school ...	2	4	6
Incapable of receiving education at school ...	—	2	2

(Report to Local Authority for the purposes of the Mental Deficiency Acts under Subsection 3 of Section 57 of Education Act, 1944)

	Boys	Girls	Total
Delicate Pupils			
Number of children examined	4	—	4
Number recommended for open-air school ...	4	—	4

Epileptic Pupils

Number of children examined	2	—	2
Number recommended for special school ...	2	—	2

Maladjusted Pupils

Number of children examined	2	1	3
Number recommended for special boarding school	1	1	2
Number recommended for special education in ordinary school	1	—	1

Physically handicapped pupils

Paralysis	1	—	1
Recommended for a school for physically handicapped pupils (day or boarding)	1	—	1
Spina Bifida	—	1	1
Recommended for educational treatment otherwise than at school	—	1	1

Handicapped pupils in special schools

	<i>At the of 1948</i>	<i>Admitted during 1949</i>	<i>Discharged during 1949</i>	<i>No. at end of 1949</i>
Blind	3	—	1	2
Partially sighted	1	1	—	2
Deaf	6	—	1	5
Partially Deaf	—	1	—	1
Delicate	—	—	—	—
Physically Handicapped	3	7	7	3
Educationally Sub-normal	5	2	—	7
Maladjusted	1	1	1	1
Epileptic	3	2	2	3
TOTAL	22	14	12	24

Juvenile Delinquency

During 1949, 210 school children appeared before the Juvenile Court, charged with various offences such as larceny, burglary, wilful damage, etc. At the end of 1949 there were 14 children from the borough in approved schools.

Juvenile delinquency remains a serious social problem and there can be no doubt that in a great many cases home environment plays the most important part. In recent years there has been a lowering of moral standards and a lack of parental example and control. The school health service through the Child Guidance Clinic, and in suitable cases by treatment in special schools for maladjusted children, has an important part to play in dealing with these children. Good results however can only be obtained with the full co-operation of the parents. This is not always forthcoming and in such cases it would appear that the parents are as much in need of social re-adjustment as the children — this of course is outside the scope of the School Health Service.

INFECTIOUS DISEASES IN SCHOOL CHILDREN

The following notifiable infectious diseases occurred in school children during the year. The incidence at all ages is shown for comparison. Comparable figures are also given for the year 1948.

The year was noteworthy for the high incidence of acute poliomyelitis. The outbreak was country wide. Of a total of 31 cases in Poole, 17 occurred in school children. 9 of these children attended maintained schools in the Borough, 7 were boarders at Canford Boys'

	1948		1949	
	School Children	All Ages	School Children	All Ages
Haemolytic streptococcal infection,				
Scarlet Fever	76	106	27	49
Erysipelas	—	22	1	14
Measles	223	528	459	1134
Whooping Cough	186	481	51	147
Diphtheria	1	1	—	—
Pneumonia	11	42	8	41
Poliomyelitis	1	4	17	31
Meningococcal Infection	1	3	2	6
	499	1187	565	1422

School and I attended a private preparatory school in the Borough. They were all admitted to Alderney Infectious Diseases Hospital. The majority made a good recovery but three are likely to be left with varying degrees of paralysis, though several years must elapse before the full extent of recovery is known.

There were no cases of diphtheria in school children during the year.

Measles showed an increase over the previous year and many of these cases were complicated by broncho-pneumonia. There were no deaths.

Diphtheria Immunisation

82 school children who had not been immunised in infancy received their first inoculations after entering school. 1,211 school children who had been previously immunised received "Booster" doses which are recommended about every four years in order to keep the immunity at a high level.

Regular immunisation sessions are held at the various clinics in the Borough but where possible special sessions are held at the schools in order that the ordinary school routine will be interrupted as little as possible.

The following table shows the number of school children and children under school age who were immunised during the year. The figures for the preceding four years are also given for comparison.

	1945	1946	1947	1948	1949
Number of children who were immunised for the first time :					
Under school age	940	895	1001	1128	792
School age	142	75	64	135	82
Number of school children who received a " booster " dose...	1042	856	1199	1633	1211

Scabies

A weekly clinic for the treatment of scabies is held at the Cleansing Centre, Burlea Towers, Parkstone Road, Poole. Patients are referred either by their own doctors or by the School Medical Officers and attend by appointment. During 1949, 22 school children attended for treatment. It was necessary for many of these children to attend several times and altogether 51 attendances were made.

Head Infestation

Treatment of persistent or severe head infestation is carried out at the Cleansing Centre. During 1949, 86 school children were treated, several attending more than once during the year.

CO-OPERATION WITH THE EDUCATION DEPARTMENT HEALTH SERVICE

Close co-operation exists between the School Health Service and the Special Services Section of the Education Department. In addition most of the Head Teachers have shown a keen interest in the health of the pupils under their care and have been most helpful in making arrangements for medical inspections.

There is also close liaison with the School Attendance Officers who frequently bring to the notice of the School Medical Officer cases of prolonged or frequent absences due to illness.

THE NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN

This important voluntary organisation through its local inspector keeps in close touch with the School Medical Officer's Department. The Society deals with cases of child neglect and is frequently most helpful in persuading disinterested or neglectful parents in having essential treatment carried out where this has been recommended by the School Medical Officer. The fact that comparatively few cases reach the stage of prosecution reflects great credit on the tact and powers of persuasion of the local inspector.

RED CROSS MEMORIAL CHILDREN'S HOSPITAL, SWANAGE

This hospital receives children convalescing from serious illness and debilitated children who require hygienic surroundings and medical supervision to restore them to normal health. School children are admitted on the recommendation of the School Medical Officer. During 1949 two children were admitted.

PROVISION OF SCHOOL MEALS AND MILK

Approximately 88% of the children took their daily allowance of milk. The allowance is one-third of a pint per scholar per day.

During December, 1949, the daily average number of mid-day meals provided was 5,354. In certain cases of financial hardship meals were provided free of charge. The daily average number of free meals provided during December, 1949 was 387.

MEDICAL EXAMINATIONS FOR SUPERANNUATION

During the year 25 medical examinations of teachers and others were carried out by the school medical staff.

REPORT OF THE SENIOR DENTAL OFFICER FOR 1949

In 1949, many school dental officers left local authority service in order to enter the general dental service, mainly because of the difference in salaries in the two services. This had a disastrous effect on the school dental service in general. In many areas the school dental service ceased to exist ; in other cases the local authority found it possible to maintain only an emergency service. Poole area lost the services of the Senior Dental Officer in April, and there were no applicants for the vacant post, so that the remaining two dental officers were left to keep the dental service running during the remainder of the year. As might be expected in these circumstances, the routine work fell behind schedule and this caused an increase in emergency treatment ; so a vicious circle of more emergency treatment, and less routine treatment was set up. It will probably take two or three years for a fully-staffed service to recover the ground lost in 1949.

The "acceptance of treatment" rate is still rising, though it is not quite as high as the figures appear to indicate. This is because many children inspected in 1948 were not treated until 1949, owing to the illness of one of the dental officers during the last three months of 1948, and this has the effect of increasing the apparent acceptance rate in 1949. A factor which is tending to raise the acceptance rate is the disinclination of some dentists in

the general dental service to undertake any form of treatment for children, which has become more marked since the National Health Service Act became operative.

A dental Hygienist was appointed in November 1949, her work consisting of the scaling, cleaning and polishing of teeth and the giving of demonstrations and advice on oral hygiene.

Dental Inspection and Treatment

1.	Number of pupils inspected :—				
	(a) Periodic age-groups ...	...	...	...	4,538
	(b) Specials ...	...	...	...	147
	(c) Total ...	...	...	...	4,685
2.	Found to require treatment	...	...	...	2,244
3.	Actually treated	...	...	...	2,202
4.	Attendances for treatment	...	...	...	5,712
5.	Half-days devoted to :—				
	(a) Inspection ...	...	...	...	45
	(b) Treatment ...	...	...	...	869
6.	Fillings :—				
	Permanent Teeth ...	...	...	...	2,457
	Temporary Teeth ...	...	...	...	79
7.	Extractions :—				
	Permanent Teeth ...	...	...	...	523
	Temporary Teeth ...	...	...	...	2,836
8.	General anaesthetics	...	...	...	1,585
9j	Other operations :—				
	Permanent Teeth ...	...	...	...	3,325
	Temporary Teeth	...	...	...	85
<hr/>					
	Local anaesthetics	...	...	...	1,152
	Regulation appliances	...	...	...	48
	Dentures ...	...	...	...	29

HYGIENE AND SANITATION OF SCHOOL PREMISES

Generally speaking the sanitary circumstances of the schools in the Borough are fairly satisfactory. All schools are provided with main water supplies ; washing facilities are fairly satisfactory and conveniences are provided with modern pedestal wash-down water closets and reasonably satisfactory urinals. All schools are provided with modern drainage systems connected to the public sewer.

Inspection of the sanitary conditions in schools is part of the routine duties of the Sanitary Inspectors and during 1949 they made 96 inspections of school premises. All sanitary conveniences were regularly inspected and any defects or lack of cleanliness attended to where found and whitewashing carried out where necessary. During the summer holidays drainage systems were inspected and flushed out and any defects found reported to the Borough Engineer for attention.

The disinfection of classrooms is carried out at all schools during the holiday periods as a matter of routine. Disinfection is also carried out as normal procedure whenever two or three cases of infectious disease occur among the pupils in any one class.

During inspections particular attention was paid by the Sanitary Inspectors to the standard of hygiene in school kitchens and the attention of the staff persistently drawn to the importance of cleanliness of the hands of persons handling food or food utensils. Close liaison has been established between the School Meals Service Supervisor and the Sanitary Inspectors and any doubtful foods are promptly referred to the Sanitary Inspector for inspection. All milk supplied to schools is pasteurised and samples are taken regularly both for bacteriological examination and chemical analysis.

APPENDIX

Personal Health Services in the Borough of Poole

With the coming into operation of the National Health Service Act, 1946, the Personal Health Services, which were formerly carried out by the Poole Borough Council, passed on the 5th July, 1948, to the Dorset County Council as the Local Health Authority. The Annual Report of the County Medical Officer, Dorset, deals with these services throughout the County and includes the statistics relating to the Poole area. As, however, for the past 30 years the Medical Officer of Health, Poole, has given details of these services in his Annual Report, the following statistics relating to the Personal Health Services are included to preserve continuity of records.

The Local Health Authority is responsible for the following Health Services which are personal as distinct from environmental :—

Health Centres (Section 21)	Care of Mothers and Young
Midwifery (Section 23)	Children (Section 22)
Health Visiting (Section 24)	Home Nursing (Section 25)
Vaccination and Immunisation	Ambulance Services (Section 27)
(Section 26)	Domestic Help Service (Section
Prevention of Illness, Care and	29)
After-Care (Section 28)	

Of these, the care of mothers and young children, midwifery, health visiting, immunisation, ambulance and the domestic help service had been, prior to the 5th July, the responsibility of the Borough of Poole. On the appointed day a Sub-Committee of the Dorset County Council, known as the Poole Area Health Sub-Committee, was set up, and to it were delegated by the County Council the day-to-day administration of the Care of Mothers and Young Children, Midwifery, Health Visiting, and Domestic Help, the County Council retaining full responsibility in respect of the non-delegated services :—Health Centres, Home Nursing, Vaccination and Immunisation, Ambulance, Prevention of Illness, Care and After-care. The Poole Area Medical Officer works in close co-operation with the County Medical Officer in respect of the non-delegated services.

In passing it may be noted that Poole can claim with justification and satisfaction that it was one of the pioneers in child welfare work, as it was here that one of the first child welfare clinics in the country began. About the year 1908 the "Poole Mothers' Association" was formed. This became known in 1914 as the "Poole School for Mothers", and later took the title of the "Poole Maternity and Child Welfare Voluntary Association". This voluntary association was absorbed into the Poole Child Welfare Services at the end of 1945 and on the 5th July, 1948 these services passed to the Dorset County Council.

STATISTICS

Care of Mothers and Young Children

There are 12 Child Welfare Clinics in the borough and during 1949, 2,636 children made 15,225 attendances. Of these attendances 9,330 children were under 1 year and 5,895 were between 1 and 5 years.

Dental Treatment

During 1949, 161 expectant or nursing mothers were referred for examination and report. 126 required treatment and 113 accepted treatment, making 755 attendances. 138 pre-school children made 166 attendances for dental treatment. 58 patients were supplied with artificial dentures, a total of 88 dentures.

Midwifery

During 1949, there were 10 domiciliary midwives employed in Poole by the Dorset County Council, being under the direction of the Poole Area Supervisor of Midwives. There were also 6 private midwives and 12 institutional midwives, a total of 28. There were 1295 confinements in the borough ; of these 637 were attended by the domiciliary midwives. There were 528 confinements in Poole General Hospital.

Ante-natal and Post-natal Clinics

The Ante-natal Clinic is held once a week at Old Town and Branksome Clinics and a Post-natal Clinic is held once a fortnight at Old Town and Branksome Clinics. The number of patients who attended these during the year is as follows :—

Clinic	Ante-Natal		Post-Natal	
	Ist Attend.	Total	Ist Attend.	Total
Old Town	71	310	29	33
Branksome	123	457	57	60
Total	194	767	86	93

661 patients attended the Ante-natal Clinic at Poole General Hospital, making a total of 3,086 attendances. 237 women attended this Post-natal Clinic, making 282 attendances.

Midwives' Acts, 1902-1936

The following table shows the progress in the reduction of maternal mortality, stillbirths, and infantile mortality during the past 10 years.

Year	Total live Births	Stillbirths ₉	DOMICILIARY BIRTHS		Institutional Births	Medical Aid Summonses	Maternal Deaths	Total Deaths of Infants under 1 year
			Midwives	Maternity Nurses				
1939	1045	24	498	300	247	73	3	41
1940	1046	45	472	276	298	68	4	54
1941	1082	36	418	248	416	48	3	56
1942	1265	45	532	266	467	42	2	58
1943	1178	31	394	233	551	45	4	43
1944	1327	37	486	344	497	34	—	50
1945	1298	33	425	307	566	28	2	68
1946	1541	45	491	346	704	46	4	54
1947	1667	30	661	391	615	69	—	37
1948	1326	29	372	344	610	87	—	40
1949	1273	22	240	397	658	42	1	24

Maternal Mortality

There was 1 maternal death in the borough during the year.

Infantile Mortality

There were 1273 live births and 24 deaths of infants under 1 year, giving an infantile mortality rate of 18.85.

Ophthalmia Neonatorum

There was 1 case of ophthalmia neonatorum during 1949. There was no impairment of vision.

Contraception

89 women attended this clinic during the year and were given advice and instruction in accordance with Ministry of Health Circular 1408 of 1934. 311 attendances were made.

Immunisation and Vaccination

During the year 800 children under 5 were immunised against diphtheria. Of these, 437 were under one year and 250 between 1 and 2 years. 1797 re-inforcing doses were given to children who had been previously immunised. 72 pre-school children were vaccinated during 1949.

Health Visiting

During 1949, there were 9 Health Visitors and 1 Superintendent Health Visitor. The following domiciliary visits were paid to expectant mothers and children under 5 years :—

First Visits to Expectant Mothers	...	...	101
Total Visits to Expectant Mothers	...	...	148
First Visits to children under 1	...	...	1229
Total Visits to children under 1	...	...	4921
Total Visits to Children 1-5 years	...	...	8979

Ambulance Service

The staff of the Poole Area Ambulance Service during 1949 was one supervisor, one deputy supervisor and eleven driver-attendants. Four first-line ambulances, two second-line ambulances and two sitting cars were in operation. The number of journeys covered was 7,538 and the total mileage travelled was 64,643.

Domestic Help Service

During the year the Poole Area Domestic Help Organiser supplied help to 169 women, 28 domestic helps being employed.

